



County of Kings - Department of Public Health

Environmental Health Services Division

330 Campus Drive Hanford, CA 93230

Phone - 559-584-1411 Fax - 559-584-6040

Internet - www.countyofkings.com/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: GENERAL NUTRITION CENTER #5177	BUSINESS PHONE: (412) 288-4662	RECORD ID#: PR0000314	DATE: February 11, 2021
FACILITY SITE ADDRESS: 1675 W LACEY BLVD SP4	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GENERAL NUTRITION CORPORATION	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Liliana Stransky - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: RESTROOM FACILITIES NOT MAINTAINED

[HSC 114250 & 114276]

Description/Corrective Action: Provide daily cleaning to the restroom and cover the waste basket or remove it promptly to keep it from overflowing.

The sink outside the restroom should be flushed periodically to avoid sewer gas escaping due to a dry drainpipe.

General Comments:

ROUTINE INSPECTION -

* Small reach-in refrigerator was noted at 36F.

* Displayed nutrition items were all observed six inches above the floor.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Liliana Stransky - REHS

Agency Representative

NOTE: This report must be made available to the public on request



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: GENERAL NUTRITION CENTER #5177	BUSINESS PHONE: (412) 288-4662	RECORD ID#: PR0000314	DATE: November 26, 2019
FACILITY SITE ADDRESS: 1675 W LACEY BLVD SP4	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GENERAL NUTRITION CORPORATION	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Yatee Patel - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

All pre-packaged foods were off the floor.
All products are rotated using the FIFO system.
Samples given out are not handled directly with hands.
Thank you

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:
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Yatee Patel - REHS

Received By: _____

Agency Representative _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: GENERAL NUTRITION CENTER #5177	BUSINESS PHONE: (412) 288-4662	RECORD ID#: PR0000314	DATE: December 19, 2018
FACILITY SITE ADDRESS: 1675 W LACEY BLVD SP4	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GENERAL NUTRITION CORPORATION	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Susan Lee-Yang - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

- Observed all products stored off the ground.
- Employee restroom has hot water, soap, and paper towels.
- Facility is in good operating condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Susan Lee-Yang - REHS

Agency Representative

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