

County of Kings - Department of Public Health

Environmental Health Serivces 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:	BUSINESS PHONE:	RECORD ID#:	DATE:			
CENTRAL VALLEY G & G INC.	(559) 707-0509	PR0003754	August 24, 2021			
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:			
2497 N 10TH AVE	HANFORD	93230	ROUTINE INSPECTION			
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:			
AJMER SINGH NAHAL	Servsafe	9/30/2021	Luis Flores - REHS			
he 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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES		[HS	[HSC 113953 - 113593.2]			
Description/Corrective Action: Hot water all points of use was not readily available. Only temperate water was obtained after allowing to flow for an extended time period. Have this situation corrected ASAP within 24 hours. Contact me with an update by tomorrow morning.						
General Comments:						
All hot food as well as cold food temperatures were observed to be in compliance with State Food Code temperature requirements. The active food handling practice observed was good. The food prep area, retail store, and walk-in box storage areas were all maintained in sanitary condition.						
RESULTS OF EVALUATION: PASS X NEE	DS IMPROVEMENT FAIL	Reinspection Re	equired: Yes: No: X			
		Reinspection Da	ite (on or after): N/A			
		Potential Food Safety All Star:				
No sicomme secto Could 19		Luis Flores - I	REHS			
Received By:		Agency Representative				

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

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CENTRAL VALLEY G & G INC.		BUSINESS PHONE: (559) 707-0509		RECORD ID#: PR0003754	DATE: August 05, 2020	
FACILITY SITE ADDRESS: 2497 N 10TH AVE		CITY: HANFORD		ZIP CODE : 93230	INSPECTION TYPE: ROUTINE INSPECTIO	DN
OWNER NAME: AJMER SINGH NAHAL		CERTIFIED FOOD MAN. Servsafe	AGER:	EXP DATE:	INSPECTOR: Luis Flores - REHS	
The items (if any) listed below identify the violar One reinspection will be conducted (if needed)	` '	-	•			
Violation: FOODS & EQUIPMENT N	IOT PROTECTE	D FROM CONTAMIN	IATION	[HS	SC 113980, 114025-114027]
Description/Corrective Action:		ef package was obse picked up for proper		floor of the walk-in box freezer. The on notification.		
Violation: VERMIN INFESTATION					[HSC 114259.1]	
Description/Corrective Action:	A few rodent droppings were observed on the bottom most storage shelve located adjacent to the soda syrup storage containers. Clean out the droppings, sanitize the contact area, and set rodent traps. Monitor the facility closely for rodent dropping presence.					
	raturos woro mor	aitored at required St	ato Food Code	lovole		
All hot and cold food holding temper. The general food prep area, front retrieve the employee food handling practice.	tail area, and wa	lk-in box cooler area		Reinspection	Required: Yes:	No: X
The general food prep area, front re The employee food handling practic	tail area, and wa	lk-in box cooler area good.	were all obser	Reinspection		N/A
All hot and cold food holding temper. The general food prep area, front retrieve the employee food handling practice.	tail area, and wase observed was	lk-in box cooler area good.	were all obser	Reinspection	Required: Yes: Date (on or after): Potential Food Safety A	N/A
All hot and cold food holding temper. The general food prep area, front restricted the employee food handling practice. RESULTS OF EVALUATION: PARESULTS OF EVALUATION: PARESULTS OF EVALUATION: PARESULTS OF EVALUATION:	tail area, and wase observed was	lk-in box cooler area good.	were all obser	Reinspection Reinspection	Required: Yes: Date (on or after): Potential Food Safety A - REHS	N/A

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OFFICIAL INSPECTION REPORT

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FACILITY NAME: CENTRAL VALLEY G & G INC.	BUSINESS PHONE: (559) 707-0509	RECORD ID#: PR0003754	DATE: March 26, 2020
FACILITY SITE ADDRESS: 2497 N 10TH AVE	CITY: HANFORD	ZIP CODE : 93230	INSPECTION TYPE: PUBLIC INFORMATION/EDUCATION
OWNER NAME: AJMER SINGH NAHAL	Program Description: 1107 - KINGS DPH COVID-19	EXP DATE: 11/7/2019	INSPECTOR: Liliana Stransky - REHS
The items (if any) listed below identify the Health Code vio	• •	•	•
Violation: None Noted			_
General Comments:			
The staff needs to practice SOCIAL DISTANCING be each other and staff. Only allow entry to customers Encourage only 5 or fewer customers at a time when	that can safely keep the same of		
Staff must practice frequent HAND WASHING with syou change gloves.	soap and water for at least 20 se	econds. Also wash	hands every time
Staff must use sanitizing solution (chlorine 100ppm reduce the risk of contamination. All work surfaces, to prevent contamination.			
Under no circumstances are employees who feel sign gastrointestinal (i.e. vomiting or diarrhea) symptoms	- · · · · · · · · · · · · · · · · · · ·		r sneezing) or
An investigation was conducted today to review and followed. A copy of this summary will be emailed to questions.		• • •	•
Reinspection Required: Yes: No: X	Reinspection Date (on or a	after): Not S _l	pecified
			ana Stransky - REHS
Received By:		Environmental Healt	h Specialist

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