FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRAL VALLEY G &amp; G INC.</td>
<td>(559) 707-0509</td>
<td>PR0003754</td>
<td>August 24, 2021</td>
</tr>
</tbody>
</table>

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<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
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<tbody>
<tr>
<td>2497 N 10TH AVE</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
</tr>
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<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJMER SINGH NAHAL</td>
<td>Servsafe</td>
<td>9/30/2021</td>
<td>Luis Flores - REHS</td>
</tr>
</tbody>
</table>

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:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES

[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:**

- [X] PASS
- [ ] NEEDS IMPROVEMENT
- [ ] FAIL

Reinspection Required: Yes: [ ] No: [X]

Reinspection Date (on or after): N/A

[ ] Potential Food Safety All Star:

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Luis Flores - REHS

Agency Representative

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NOTE: This report must be made available to the public on request
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<th>Description/Corrective Action:</th>
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<tr>
<td>FOODS &amp; EQUIPMENT NOT PROTECTED FROM CONTAMINATION</td>
<td>A vacuum beef package was observed on the floor of the walk-in box freezer. The package was picked up for proper storage upon notification.</td>
</tr>
<tr>
<td>VERMIN INFESTATION</td>
<td>A few rodent droppings were observed on the bottom most storage shelf 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.</td>
</tr>
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</table>

General Comments:

All hot and cold food holding temperatures were monitored at required State Food Code levels. The general food prep area, front retail area, and walk-in box cooler area were all observed in satisfactory condition. The employee food handling practice observed was good.

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<th>Reinspection Required:</th>
<th>Reinspection Date (on or after):</th>
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<td>[X] NEEDS IMPROVEMENT</td>
<td>Yes: [X] No: [ ]</td>
<td>N/A</td>
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No sanitization obtained due to Covid-19

Luis Flores - REHS

Agency Representative

NOTE: This report must be made available to the public on request
### OFFICIAL INSPECTION REPORT

**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 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:

The staff needs to practice SOCIAL DISTANCING by requesting that customers keep apart a minimum of 6 FEET from each other and staff. Only allow entry to customers that can safely keep the same distance between them while they wait. Encourage only 5 or fewer customers at a time when possible.

Staff must practice frequent HAND WASHING with soap and water for at least 20 seconds. Also wash hands every time you change gloves.

Staff must use sanitizing solution (chlorine 100ppm or QAC 200ppm) for wiping down all counters and work surfaces to reduce the risk of contamination. All work surfaces, including shopping carts, should be cleaned and sanitized frequently to prevent contamination.

Under no circumstances are employees who feel sick or are sick with respiratory (i.e. fever, coughing or sneezing) or gastrointestinal (i.e. vomiting or diarrhea) symptoms are allowed to work in the facility.

An investigation was conducted today to review and verify the above food and employee safety practices are being followed. A copy of this summary will be emailed to the facility operator. Please contact our Department for further questions.

**Reinspection Required:** Yes: [ ] No: [x]  
**Reinspection Date (on or after):** Not Specified

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**Liliana Stransky - REHS**  
Environmental Health Specialist