



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

<b>FACILITY NAME:</b> T-MART #3	<b>BUSINESS PHONE:</b> (559) 587-5037	<b>RECORD ID#:</b> PR0010537	<b>DATE:</b> June 29, 2022
<b>FACILITY SITE ADDRESS:</b> 527 E 7TH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AIT VENTURE INC	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Luis Flores - 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 refrigerated food products were observed to be held at proper temperatures below 42 F.

A one pint Crystal milk carton of milk was observed with a best by date of 6/28/2022. Although not a violation per State Food Code, the carton was removed from sale.

The facility retail area, back storage room and walk-in box cooler were all observed well maintained.

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:

Luis Flores - REHS

Agency Representative

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



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<b>FACILITY NAME:</b> T-MART #3	<b>BUSINESS PHONE:</b> (559) 587-5037	<b>RECORD ID#:</b> PR0010537	<b>DATE:</b> February 22, 2021
<b>FACILITY SITE ADDRESS:</b> 527 E 7TH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AIT VENTURE INC	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:

Hand wash stations have hot water, soap, and paper towels.

Cold holding units were measured below 41F.

Observed food products stored off the ground.

Due to the COVID-19 pandemic, the California Department of Public Health recommends to discontinue the use of self-serve items (ie: soda and coffee dispensers) by the public.

A copy of the unsigned report will be emailed to the operator. Please contact our office at 559-584-1411 if there are any questions.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> <b>Reinspection Date (on or after):</b> <u>        N/A        </u> <input type="checkbox"/> Potential Food Safety All Star:
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<b>FACILITY NAME:</b> T-MART #3	<b>BUSINESS PHONE:</b> (559) 587-5037	<b>RECORD ID#:</b> PR0010537	<b>DATE:</b> October 26, 2020
<b>FACILITY SITE ADDRESS:</b> 527 7TH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AIT VENTURE INC	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:

Cold holding units were measured below 41F.

Observed food products stored off the ground.

Due to the COVID-19 pandemic, the California Department of Public Health recommends to discontinue the use of self-serve items (ie: soda and coffee dispensers) by the public.

A copy of the unsigned report will be emailed to the operator. Please contact our office at 559-584-1411 if there are any questions.

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