



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> CASTLE STORE INC.	<b>BUSINESS PHONE:</b> (559) 572-0039	<b>RECORD ID#:</b> PR0009779	<b>DATE:</b> September 22, 2022
<b>FACILITY SITE ADDRESS:</b> 596 S 11TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HASHIM NUMI	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Evelyn Elizalde

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: Restroom facilities were observed to lack soap and in need of a deep clean. Please ensure restroom has hot water (100F), soap and paper towels at all times.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed excess build up of soda machine syrups next to walk in refrigerator. Please maintain area clean and free of debris at all times.

Observed unchained CO2 tanks next to walk in refrigerator. Violation corrected on site.

Observed excess build up of debris on ice machine. Please maintain ice machine clean and free of debris at all times.

General Comments:

The following was observed during today's routine inspection:

Refrigeration units were observed at 41 F.  
All food was stored 6 inches above ground level.

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:

Evelyn Elizalde

Agency Representative

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



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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> CASTLE STORE INC.	<b>BUSINESS PHONE:</b> (559) 572-0039	<b>RECORD ID#:</b> PR0009779	<b>DATE:</b> March 22, 2022
<b>FACILITY SITE ADDRESS:</b> 596 S 11TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HASHIM NUMI	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> SEM HAR GEBREGZIABIHE

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:** The restrooms were filthy and not maintained. The sink in there did not have hot water. This was mentioned in the last inspection report and needs to be taken care of.

**General Comments:**

Observations:

All refrigeration units were at 41F and below.

All dry storage was six inches above and organized.

Ice machine was in satisfactory condition.

Soda machine and microwave was clean and maintained.

Freezer units were 0F and below.

Please correct the above violation in a timely manner.

<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input checked="" 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:

*SEM HAR GEBREGZIABIHE*

Received By: \_\_\_\_\_

\_\_\_\_\_  
Agency Representative

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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> CASTLE STORE INC.	<b>BUSINESS PHONE:</b> (559) 572-0039	<b>RECORD ID#:</b> PR0009779	<b>DATE:</b> January 25, 2021
<b>FACILITY SITE ADDRESS:</b> 596 S 11TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HASHIM NUMI	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:** OTHER PERMIT VIOLATION

**Description/Corrective Action:** Chain the CO canisters to prevent accidental tip over.

**Violation:** RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

**Description/Corrective Action:** Keep restroom clean at all times and restock paper towels.

**Violation:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:** Display all pre-packaged foods, including candies, a minimum of 6 inches above the floor.

**General Comments:**

Routine inspection -

\* Observed refrigeration temperatures were at or below 41F.

\* General store display areas were observed satisfactory.

\*As a reminder, during the pandemic please continue to follow the state guidelines of keeping safe distances (6 feet or more) between employees and customers and continue to wear face coverings and requiring the public to do the same.

Thank you!

<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input checked="" 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:

Received By: \_\_\_\_\_

*Liliana Stransky - REHS*

Agency Representative

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