



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

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD MANAGER, EXP DATE, INSPECTOR.

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

Description/Corrective Action: Observed dented cans throughout facility. The following were removed from shelves: 6 Kroger Sweet Corn, 2 Glory Blackeye Peas, 1 SunVista Garbanzos, 1 Andre Prost Coconut Milk, 1 Del Monte Pineapple can. Please conduct a thorough check throughout facility and remove any dented cans from shelves.

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

Description/Corrective Action: Observed debris on floors in bakery area near food prep sink and near walk in refrigerator.

Observed evaporator coil freeze up in walk in freezer at the bakery. Please have walk in unit serviced.

General Comments:

The following was observed during today's inspection:

- Observed food stored 6 inches above ground in walk in refrigerators and dry storage area.
All three compartment sinks in the bakery and deli area had hot water to 120 F.
All hand wash stations had hot water, paper towels and soap.
All refrigeration units in facility were at or below 41 F.

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:

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



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**OFFICIAL INSPECTION REPORT**

|  |  |                                 |   |
|--|--|---------------------------------|---|
| <b>FACILITY NAME:</b><br>FOODS CO #520             | <b>BUSINESS PHONE:</b><br>(559) 585-2080                 | <b>RECORD ID#:</b><br>PR0000347 | <b>DATE:</b><br>March 26, 2020                          |
| <b>FACILITY SITE ADDRESS:</b><br>1850 W LACEY BLVD | <b>CITY:</b><br>HANFORD                                  | <b>ZIP CODE:</b><br>93230       | <b>INSPECTION TYPE:</b><br>PUBLIC INFORMATION/EDUCATIOI |
| <b>OWNER NAME:</b><br>RALPHS GROCERY CO            | <b>Program Description:</b><br>1107 - KINGS DPH COVID-19 | <b>EXP DATE:</b><br>8/1/2021    | <b>INSPECTOR:</b><br>Yatee Patel - 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.

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

Staff uses 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:  **Reinspection Date (on or after):** **Not Specified**

*Yatee Patel - REHS*

\_\_\_\_\_  
Environmental Health Specialist

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



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**FOOD SAFETY EVALUATION REPORT**

|  |  |                                 |   |
|--|--|---------------------------------|---|
| <b>FACILITY NAME:</b><br>FOODS CO #520             | <b>BUSINESS PHONE:</b><br>(559) 585-2080       | <b>RECORD ID#:</b><br>CO0009717 | <b>DATE:</b><br>February 06, 2020                       |
| <b>FACILITY SITE ADDRESS:</b><br>1850 W LACEY BLVD | <b>CITY:</b><br>HANFORD                        | <b>ZIP CODE:</b><br>93230       | <b>INSPECTION TYPE:</b><br>INITIAL COMPLAINT INSPECTION |
| <b>OWNER NAME:</b><br>RALPHS GROCERY CO            | <b>CERTIFIED FOOD MANAGER:</b><br>JANET GUERRA | <b>EXP DATE:</b><br>8/1/2021    | <b>INSPECTOR:</b><br>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:**

Today's Inspection was prompted due to a complain alleging a worm in the trip tip beef that was purchased. The manager was aware of the complaint. The meat department inspected the returned meat and concluded that it was a vein of the meat that was exposed and appeared as a worm. All other packages were also inspected from that day's meat product and no meat had worms. The meats are bought and shipped from Excel Meat Co. from Southern California.

The packages were visually looked at and our department cannot substantiate the complaint.

Thank you

|   |  |
|---|--|
| <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><br><input type="checkbox"/> Potential Food Safety All Star: |

*Yatee Patel - REHS*

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

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

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