



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/health/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BEHL SUBWAY #30544	BUSINESS PHONE: (559) 992-9999	RECORD ID#: PR0006348	DATE: February 07, 2008
FACILITY SITE ADDRESS: 1108 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUNITA BEHL	CERTIFIED FOOD HANDLER: ANJUL BEHL	EXP DATE: 10/6/2008	INSPECTOR: Troy Hommerding

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 FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Mop sink still does not have an anti-siphon/back flow prevention device installed. Either take the hose off and file down the threads or install the device.

General Comments:

Restroom was noted fully stocked today.

All cold and hot holding temperatures were at the proper regulatory requirements today.

Employees were noted using gloves properly to minimize bare hand contact with ready to eat food.

This facility is about to change ownership. Please remember that food vending permits are non-transferable, therefore the new owner must fill out a new food vending permit application form. Forms can be obtained from our web site www.countyofkings.com or you can come into our office located at 330 Campus Dr., Hanford-Additionally, Th current owner is listed as the Certified Food Handler for this facility. Please ensure you have at least one person or staff that has taken and passed the state mandated Certified Food Handlers exam.

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

April Enman
Signature:

Troy Hommerding
Environmental Health Officer

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BEHL SUBWAY #30544	BUSINESS PHONE: (559) 992-9999	RECORD ID#: PR0006348	DATE: July 19, 2007
FACILITY SITE ADDRESS: 1108 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUNITA BEHL	CERTIFIED FOOD HANDLER: ANJUL BEHL	EXP DATE: 10/6/2008	INSPECTOR: Lee Johnson


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 HOT HOLDING TEMPERATURE(S) [HSC 113996]
Description/Corrective Action: Vegetable soup measured 119F. Please reheat to 165F or discard. All other hot and cold temps checked today were good.
- Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]
Description/Corrective Action: Please provide paper towels to the front hand sink and to the 3 compartment sink.
- Violation:** IMPROPER REFUSE STORAGE OR DISPOSAL [HSC 114244-114245.8]
Description/Corrective Action: Please clean out rear store room to remove boxes and other debris.
- Violation:** IMPROPER PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]
Description/Corrective Action: Please provide mop sink with an anti-siphon device on the faucet.

General Comments:

All temperature logs checked were up to date (temps are checked twice daily). Thank you.

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



Signature:

Lee Johnson
Environmental Health Officer

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BEHL SUBWAY #30544	BUSINESS PHONE: (559) 992-9999	RECORD ID#: PR0006348	DATE: November 06, 2006
FACILITY SITE ADDRESS: 1108 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUNITA BEHL	CERTIFIED FOOD HANDLER: ANJUL BEHL	EXP DATE: 10/06/2008	INSPECTOR: Luis Flores

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 PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114100]

Description/Corrective Action: The facility mop sink is not provided with an anti-siphon device. Purchase and install an anti-siphon device ASAP.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980] [HSC 114010] [HSC 114080]

Description/Corrective Action: Ice bags were observed stored directly on the floor of the walk-in box freezer. Discontinue the practice of storing food products directly on the floor. Store foods at least 6" off the floor at all times. Violation was corrected upon notification.

General Comments:

All hot and cold food temperatures measured today were satisfactory.

Overall, the food facility appeared in good operational condition.

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

Signature: _____

Luis Flores

Environmental Health Officer

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