



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: DISCOUNT VARIETY STORE	BUSINESS PHONE: Not Specified	RECORD ID#: PR0008640	DATE: August 30, 2011
FACILITY SITE ADDRESS: 1215 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: BALJEET SINGH	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Lee Johnson - 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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Please install a self closure mechanism on the restroom door (2nd notice).

General Comments:

Ice cream and packaged food sales only. Hand sinks and restroom is fully stocked. Thank you.

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: _____

Lee Johnson - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DISCOUNT VARIETY STORE	BUSINESS PHONE: Not Specified	RECORD ID#: PR0008640	DATE: April 15, 2011
FACILITY SITE ADDRESS: 1215 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: CONSTRUCTION/EQUIPMENT INSF
OWNER NAME: BALJEET SINGH	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Lee Johnson - 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:

Please do the following prior to serving ice cream:

Install a self closure device on the restroom door.

Raise the three compartment sink 4 inches so that drain line opening is above the rim of the collection funnel, reseal the back of the sink to FRP with silicon, and mount soap and paper towel dispensers on the FRP.

Clean the service are and restroom thoroughly.

OK to operate once ALL of the above is accomplished.

Within 60 days at least one employee of the store must pass State certification as a food safety manager. Contact our office for more detail on this matter.

Thank you.

RESULTS OF EVALUATION: <input 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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

[Handwritten Signature]

Received By: _____

Lee Johnson - REHS

Agency Representative

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