



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: GOOD LUCK LIQUOR	BUSINESS PHONE: (559) 992-2316	RECORD ID#: PR0000133	DATE: November 30, 2009
FACILITY SITE ADDRESS: 1049 CHITTENDEN AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GULSHAN FARISHTA	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Troy Hommerding-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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Restroom did not have paper towels, this was corrected during today's inspection.

General Comments:

All cold holding temperatures were measured at or below 41°F.

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

Troy Hommerding-REHS

Received By: _____

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: GOOD LUCK LIQUOR	BUSINESS PHONE: (559) 992-2316	RECORD ID#: PR0000133	DATE: May 12, 2009
FACILITY SITE ADDRESS: 1049 CHITTENDEN AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GULSHAN FARISHTA	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Troy Hommerding-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 provide paper towels at the restroom handwash sink, none were noted today.

General Comments:

No roaches were noted today, general store area appeared well organized today. The store did not appear cluttered as in the past.

Refrigeration temperatures were measured at or below 41°F.

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:

Troy Hommerding-REHS

Received By: _____

Agency Representative

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DIVISION OF ENVIRONMENTAL HEALTH SERVICES
KINGS COUNTY HEALTH DEPARTMENT

330 Campus Drive
Hanford, CA 93230
Phone: (559) 584-1411

INSPECTION/INVESTIGATION REPORT

Company Name	<u>Good Luck Liquor</u>	Phone	<u>992-2316</u>
Facility Location	<u>1049 Ch. Jordan Ave</u>	City	<u>Corcoran</u>
Mailing Address	<u>_____</u>	City	<u>Corcoran</u>
Person Contacted	<u>_____</u>	Title	<u>_____</u>
Type of Inspection	<u>change of ownership</u>	Date	<u>1-7-09</u>

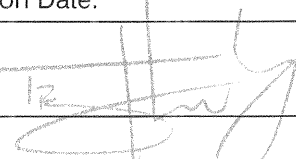
RESULTS OF INSPECTION/INVESTIGATION

This Facility will be changing ownership, before taking over this facility, the new owners must fill out a new Food Vending Permit application for this facility.

Our office is located at 330 campus dr. Hanford CA 93230,

Reinspection Date:

Inspector:



Received by: