



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

<b>FACILITY NAME:</b> R S LIQUOR	<b>BUSINESS PHONE:</b> (559) 992-4344	<b>RECORD ID#:</b> PR0000111	<b>DATE:</b> December 29, 2009
<b>FACILITY SITE ADDRESS:</b> 1004 DAIRY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JAGTAR SINGH/RAJ SINGH/SUNITA KAUR	<b>CERTIFIED FOOD HANDLER:</b> JAGTAR SINGH	<b>EXP DATE:</b> 1/28/2011	<b>INSPECTOR:</b> 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:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Please repair the ice bin door so that it does not fall off when opened.

**Violation:** IMPROPER PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]

**Description/Corrective Action:** Please provide backflow prevention device to mop hose faucet.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Please repair the soap dispenser at the hand sink so that it is functional.

**Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Please clean nacho cheese dispenser to remove accumulated dried cheese.

**General Comments:**

All hot and cold temperatures checked today were satisfactory. 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: \_\_\_\_\_

Lee Johnson - REHS

Agency Representative

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



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<b>FACILITY NAME:</b> R S LIQUOR	<b>BUSINESS PHONE:</b> (559) 992-4344	<b>RECORD ID#:</b> PR0000111	<b>DATE:</b> June 15, 2009
<b>FACILITY SITE ADDRESS:</b> 1004 DAIRY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JAGTAR SINGH/RAJ SINGH/SUNITA KAUR	<b>CERTIFIED FOOD HANDLER:</b> JAGTAR SINGH	<b>EXP DATE:</b> 1/28/2011	<b>INSPECTOR:</b> 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 provide toilet paper to restroom.

**Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Please clean floor beneath cooking equipment and soda syrup boxes to remove accumulated debris.

**General Comments:**

All hot and cold holding temperatures checked today were satisfactory. 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:

Lee Johnson - REHS

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

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> R S LIQUOR	<b>BUSINESS PHONE:</b> (559) 992-4344	<b>RECORD ID#:</b> PR0000111	<b>DATE:</b> December 22, 2008
<b>FACILITY SITE ADDRESS:</b> 1004 DAIRY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JAGTAR SINGH/RAJ SINGH/SUNITA KAUR	<b>CERTIFIED FOOD HANDLER:</b> JAGTAR SINGH	<b>EXP DATE:</b> 1/28/2011	<b>INSPECTOR:</b> 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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Three compartment wash sink, please make sure All compartments are clean and accessible. One compartment is cluttered with plastic bottles, and other store debris.

**Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Cappuccino dispenser needs cleaning please clean the drain pan, dispenser nozzles.

**General Comments:**

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

Food in the Hot holding display case measured above 135°F .

Hand wash Stations were fully stocked today.

**RESULTS OF EVALUATION:**  PASS  NEEDS IMPROVEMENT  FAIL

**Reinspection Required:** Yes:  No:

**Reinspection Date (on or after):** N/A

Potential Food Safety All Star:

Troy Hommerding

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

Environmental Health Specialist

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