



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: TAKE 10 DELI MART	BUSINESS PHONE: (559) 992-2126	RECORD ID#: PR0000272	DATE: November 28, 2011
FACILITY SITE ADDRESS: 1400 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DULAI B CORP	CERTIFIED FOOD HANDLER: Sardar Singh	EXP DATE: 8/18/2014	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Accumulated debris was noted beneath the soda syrup shelving in the corner, in the back room and in the area of the microwave/deli case/hot case. Please clean these areas regularly. Also, the capuccino machine was noted to be in need of cleaning.

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

Description/Corrective Action: Please provide hand soap to the two compartment sink.

General Comments:

All hot and cold temperatures checked today were satisfactory. Except as noted all hand wash sinks were fully stocked.

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

James Balhu Singh

Lee Johnson - 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: TAKE 10 DELI MART	BUSINESS PHONE: (559) 992-2126	RECORD ID#: PR0000272	DATE: April 06, 2011
FACILITY SITE ADDRESS: 1400 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DULAI B CORP	CERTIFIED FOOD HANDLER: Sardar Singh	EXP DATE: 8/18/2014	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 FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Grease hood filters are in need of cleaning, please clean hood filters.

General Comments:

Cold holding temperatures were measured at or below 41°F.

Handwash sink and employee restroom facilities were noted stocked today.

Hot holding temperatures were measured above 135°F.

General store area is in good 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:

James B. Smith

Troy Hommerding-REHS

Received By: _____

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TAKE 10 DELI MART	BUSINESS PHONE: (559) 992-2126	RECORD ID#: PR0000272	DATE: June 11, 2010
FACILITY SITE ADDRESS: 1400 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DULAI B CORP	CERTIFIED FOOD HANDLER: Sardar Singh	EXP DATE: 8/18/2014	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: IMPROPER REFUSE STORAGE OR DISPOSAL [HSC 114244-114245.8]
Description/Corrective Action: Please remove accumulated empty boxes from behind the store.

General Comments:

All hot and cold holding temperatures checked today were satisfactory. Hand wash sinks were fully stocked. 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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Jamy Balku Singh

Received By: _____

Lee Johnson - REHS

Agency Representative

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