



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: December 01, 2009
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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Please clean the interior of the microwave and the interior of the cabinetry below the soda fountains.

Violation: OTHER PERMIT VIOLATION

Description/Corrective Action: Please secure the small CO2 cylinder at the soda rack to prevent tip over.

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

Description/Corrective Action: Please repair the leak in the soda fountain drain line p-trap, and clear the slow drains in the two compartment sink and in the restroom sink.

General Comments:

All temperatures checked today were satisfactory. All hand wash stations were stocked.

Facility is replacing part of their parking lot asphalt with concrete.

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:

Jordan Dindo

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: TAKE 10 DELI MART	BUSINESS PHONE: (559) 992-2126	RECORD ID#: PR0000272	DATE: April 01, 2009
FACILITY SITE ADDRESS: 1400 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DULAI B CORP	CERTIFIED FOOD HANDLER: Jang Singh	EXP DATE: 8/24/2009	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: Hanwash sink in the back prep/storage room lacked a hot water supply, please repair.
Handwash sink behind the front service counter was noted cluttered with debris please remove all debris surrounding the sink.

General Comments:

All cold holding temperatures were measured below 41°F today.

General store area was noted in good condidtion.

Please correct the noted violationns before next routine inspection.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Jang Singh

Received By:

Troy Hommerding-REHS

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: December 19, 2008
FACILITY SITE ADDRESS: 1400 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DULAI B CORP	CERTIFIED FOOD HANDLER: Jang Singh	EXP DATE: 8/24/2009	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 COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Please adjust the thermostat of the sandwich unit to maintain food at 41F or less. Measured 47 F.

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

Description/Corrective Action: Please clean the floor beneath the soda syrup boxes in the corner to remove accumulated debris.

General Comments:

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:

Received By: _____

Lee Johnson

Environmental Health Specialist

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