



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: 7-ELEVEN #26170	BUSINESS PHONE: (559) 584-2398	RECORD ID#: PR0000491	DATE: September 27, 2011
FACILITY SITE ADDRESS: 395 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RAVINDER & HARPREET SAHOTA	CERTIFIED FOOD HANDLER: HARPREET SAHOTA	EXP DATE: 6/25/2015	INSPECTOR: Yatee Patel - 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: Replace paper towels in the restroom.

General Comments:

Hot foods were over 135° F.

Cold holding unit was 41° F & lower.

Overall, the food facility appeared in good operational condition.

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:

Yatee Patel - 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: 7-ELEVEN #26170	BUSINESS PHONE: (559) 584-2398	RECORD ID#: PR0000491	DATE: September 08, 2010
FACILITY SITE ADDRESS: 395 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: RAVINDER & HARPREET SAHOTA	CERTIFIED FOOD HANDLER: HARPREET SAHOTA	EXP DATE: 6/25/2015	INSPECTOR: Kimberly Marquez

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:

A follow-up re-inspection was performed today of this facility to verify compliance with required corrective action for the violation noted on the last routine inspection. The following was noted during today's inspection: both restroom and hand washing station located by the register had hot running water.

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:

Kimberly Marquez

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: 7-ELEVEN #26170	BUSINESS PHONE: (559) 584-2398	RECORD ID#: PR0000491	DATE: September 07, 2010
FACILITY SITE ADDRESS: 395 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RAVINDER & HARPREET SAHOTA	CERTIFIED FOOD HANDLER: HARPREET SAHOTA	EXP DATE: 6/25/2015	INSPECTOR: Kimberly Marquez

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: Observed hand washing station located by register and employee restroom had no hot running water at time of inspection. Please ensure all hand washing units have hot running water. A follow-up re-inspection will be conducted to verify compliance is corrected within the week.

General Comments:

All hot, cold, and final cooking food temperatures monitored today were satisfactory.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
	Reinspection Date (on or after): _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

Ravi Sahota

Received By: _____

Kimberly Marquez

Agency Representative

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