



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> ACE LIQUOR	<b>BUSINESS PHONE:</b> (559) 584-4008	<b>RECORD ID#:</b> PR0000599	<b>DATE:</b> June 29, 2011
<b>FACILITY SITE ADDRESS:</b> 756 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RAFIG A SALEH	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Clean microwave and interior of ice-machine. Observed debris.

**General Comments:**

- Cold holding equipment was 41° F.
- Be sure to rotate pre-packaged foods.
- Clean interior of cabinets and keep an eye on pests.

**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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<b>FACILITY NAME:</b> ACE LIQUOR	<b>BUSINESS PHONE:</b> (559) 584-4008	<b>RECORD ID#:</b> PR0000599	<b>DATE:</b> June 08, 2010
<b>FACILITY SITE ADDRESS:</b> 756 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RAFIG A SALEH	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Susan Lee-Yang - 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:** Observed interior of ice machine with mildew accumulation. Please clean with bleach and water solution.

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

**Description/Corrective Action:** Observed restroom without soap and paper towels. Please provide soap and paper towels at all times.

**General Comments:**

All cold holding units were noted at or below 41° F.

Please correct noted violations in they manner.

Thank you!

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input 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> _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

Received By:

Susan Lee-Yang - REHS

Agency Representative

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<b>FACILITY NAME:</b> ACE LIQUOR	<b>BUSINESS PHONE:</b> (559) 584-4008	<b>RECORD ID#:</b> PR0000599	<b>DATE:</b> May 14, 2009
<b>FACILITY SITE ADDRESS:</b> 756 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RAFIG A SALEH	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Liliana Stransky - 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 lacks paper towels - please provide.

**Violation:** IMPROPER HANDWASHING PROCEDURES BY FOODHANDLERS [HSC 113953-113953.4]  
**Description/Corrective Action:**

**General Comments:**

Cold holding temperatures were below 41°F .

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input 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: 

*Liliana Stransky - REHS*  
Agency Representative

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