



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> 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



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**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> May 21, 2008
<b>FACILITY SITE ADDRESS:</b> 756 E SEVENTH ST	<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

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:** The hand wash sink was out of paper towels & soap. Keep it stocked at all times.

**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** General housekeeping needs improvement in the back storage area, including walls, floors and equipment.

**General Comments:**

<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:
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Signature:

Yatee Patel

Environmental Health Officer

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### 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> May 22, 2007
<b>FACILITY SITE ADDRESS:</b> 756 E SEVENTH ST	<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

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

**Description/Corrective Action:**

**General Comments:**

All refrigeration temperatures measured today were satisfactory.  
Restroom facility was well stocked and observed clean.  
Overall, the food facility appeared in good operational condition.

<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:

*saleh*  
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Signature:

*Liliana Stransky*  
\_\_\_\_\_  
Environmental Health Officer

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