



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> ARMONA UA THRIFT STORE & HLTH FOOD	<b>BUSINESS PHONE:</b> (559) 589-9447	<b>RECORD ID#:</b> PR0006488	<b>DATE:</b> June 29, 2011
<b>FACILITY SITE ADDRESS:</b> 540 S 11TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JOYCE SHOBE	<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: None Noted

**General Comments:**

Cold holding units measured 39° F.  
Be sure to practice the FIFO.  
Dust all canned and other pre-packaged items.  
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:
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*Jean Trammel*

Received By: \_\_\_\_\_

*Yatee Patel - REHS*  
Agency Representative

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



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<b>OWNER NAME:</b> JOYCE SHOBE	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Susan Lee-Yang - REHS

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Violation: None Noted

General Comments:

Observed all cold holding units noted at 41° F or below.

Observed restroom with hot water, soap, and paper towel.

Observed facility in good operating 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> <u>      N/A      </u> <input type="checkbox"/> Potential Food Safety All Star:

Received By: \_\_\_\_\_

Susan Lee-Yang - REHS

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<b>OWNER NAME:</b> JOYCE SHOBE	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Yatee Patel - REHS

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

**Description/Corrective Action:** Dust accumulation observed. Establish a daily cleaning schedule.

**Violation:** IMPROPER LABELING OF PREPACKAGED FOODS [HSC 114089-114090]

**Description/Corrective Action:** Frozen pomogranate that is packaged are not properly labeled as required by State Law. The product lacks the following information: Business or manufacturer's name, city, and contact info. Operator stated that it is delivered by UNFI, Driven by Nature Company.

**General Comments:**

No cooking allowed in the store.

<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:

*Merry Loo*

Received By:

*Yatee Patel - REHS*

Agency Representative

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