



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: C A PLAZA	BUSINESS PHONE: (559) 583-0781	RECORD ID#: PR0000563	DATE: September 27, 2011
FACILITY SITE ADDRESS: 600 N IRWIN ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHANCHAL S MAMAN	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: None Noted

General Comments:

Cold holding unit measured 41° F.
Ice-machine very clean.
No signs of Vermin.
Facility very clean & organized.
Corn dogs measured over 135° F.
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:
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Chanchal S Maman

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 - COMPLAINT INSPECTION

FACILITY NAME: C A PLAZA	BUSINESS PHONE: (559) 583-0781	RECORD ID#: PR0008003	DATE: November 02, 2010
FACILITY SITE ADDRESS: 600 N IRWIN ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: INITIAL COMPLAINT INSPECTION
OWNER NAME: CHANCHAL S MAMAN	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Troy Hommerding-REHS

A complaint was recently received by our Department alleging violations of the California Retail Food Code at this facility. In response to the complaint, an inspection of the facility was conducted and our investigation findings are provided below. If violations are noted, then appropriate corrective action is required as listed in the main section of this report. 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.

Inspection Findings and General Comments:

A complaint was received by this department alleging they purchased a gallon of milk and it was not cold.

During today's inspection the owner was present and stated one of the walk in timer units for one of the compressor units failed, this has since been replaced and the unit measured at 42-44°F on the side the milk and other perishable food items. The other side of the walk in measured at 39°F. All perishable food items must be kept at 41°F or below.

At this time the complaint is valid, however the unit has been repaired. Please ensure the perishable food items, including milk, prepackaged food items are maintained at 41°F or below.

Violation: None Noted

Reinspection Required: Yes: No: Reinspection Date (on or after): N/A

Troy Hommerding-REHS

Received By: _____

Environmental Health Specialist

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: C A PLAZA	BUSINESS PHONE: (559) 583-0781	RECORD ID#: PR0000563	DATE: September 17, 2010
FACILITY SITE ADDRESS: 600 N IRWIN ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHANCHAL S MAMAN	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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: None Noted

General Comments:

Observed cold and hot holding temperatures at satisfactory ranges.
The back storage area was well organized.
Soap and paper towels were available at the hand washing station.
The store is well maintained.

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: _____

Liliana Stransky - REHS

Agency Representative

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