



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: CVS/PHARMACY #9828	BUSINESS PHONE: (559) 584-3389	RECORD ID#: PR0000288	DATE: September 27, 2011
FACILITY SITE ADDRESS: 150 S 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CVS CAREMARK CORP	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 and lower.
- All dry foods were store above ground.
- Women's restroom - Paper towel needs to be inside the dispenser.
- Overall, the food facility appeared in good operational condition.

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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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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: CVS/PHARMACY #9828	BUSINESS PHONE: (559) 584-3389	RECORD ID#: PR0000288	DATE: September 07, 2010
FACILITY SITE ADDRESS: 150 S 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CVS CAREMARK CORP/ATTN RUTH PAREDES	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]

Description/Corrective Action: Observed two dented cans Progresso soup and jalapeno peppers. Please discard cans from sales floor.

General Comments:

Cold holding unit was noted at satisfactory temperature at time of inspection.
Restrooms were fully stocked with soap, paper towels and hot running water.

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: _____

Kimberly Marquez

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CVS/PHARMACY #9828	BUSINESS PHONE: (559) 584-3389	RECORD ID#: PR0000288	DATE: August 04, 2009
FACILITY SITE ADDRESS: 150 S 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CVS CAREMARK CORP/ATTN DIANNE DURAND	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.

General Comments:

All cold food temperatures measured today were satisfactory.

Restroom facilities were stocked with soap & paper towel.

Back storage warehouse was clean and organized.

Be sure to discard overly dented cans.

Thank you.

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

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