



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: GRANGEVILLE LIQUOR	BUSINESS PHONE: (518) 423-4326Ext. CELL	RECORD ID#: PR0007652	DATE: May 16, 2011
FACILITY SITE ADDRESS: 1705 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PAUL SINGH SANDHE	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 refrigeration temperature at 38°F.
Restroom was observed with soap and paper towels. Please replace bar soap with liquid hand soap.
Facility appeared sanitary and organized.

Thank you!

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:

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

FACILITY NAME: GRANGEVILLE LIQUOR	BUSINESS PHONE: (518) 423-4326Ext. CELL	RECORD ID#: PR0007652	DATE: May 12, 2010
FACILITY SITE ADDRESS: 1705 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PAUL SINGH SANDHE	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Currently facility uses coffee pots to sell coffee to customers. Operator stated they have not used the equipment. Facility does not have proper equipment (three-compartment sink) to properly wash and sanitize coffee pots. Please remove coffee pots from facility. In the future, if you would like to bring equipments into the facility, you must get the Department's approval first.

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

Description/Corrective Action: Restroom door must be self-closing. Please install self-closing device to enable door to self-close.

General Comments:

Cold holding unit was noted satisfactory.
Observed all food products stored on shelves.
Facility is satisfactory operating condition.
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:

Mamada Kan

Susan Lee-Yang - REHS

Received By: _____

Agency Representative

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