



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><br>HARMAN STAR MART        | <b>BUSINESS PHONE:</b><br>(559) 583-0797       | <b>RECORD ID#:</b><br>PR0005334 | <b>DATE:</b><br>April 18, 2012                |
| <b>FACILITY SITE ADDRESS:</b><br>1702 N 10TH AVE | <b>CITY:</b><br>HANFORD                        | <b>ZIP CODE:</b><br>93230       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>AVTAR SINGH                | <b>CERTIFIED FOOD HANDLER:</b><br>Chattan Kaur | <b>EXP DATE:</b><br>11/2/2014   | <b>INSPECTOR:</b><br>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:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Observed Heavy build inside soda nozzles. Please clean and maintain dean.

**Violation:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:** Observed employee food stored above customer food in heat unit. Please do not store employee food above customer food due to possible cross contamination.

**General Comments:**

Observed restroom fully stocked with soap, paper towels and hot running water.

Burrito noted at 152F at time of inspection.

Observed cold holding noted at 41F and below.

**RESULTS OF EVALUATION:**  PASS  NEEDS IMPROVEMENT  FAIL

**Reinspection Required:** Yes:  No:

**Reinspection Date (on or after):** N/A

Potential Food Safety All Star:

Kimberly Marquez

Received By:

Agency Representative

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



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| <b>FACILITY NAME:</b><br>HARMAN STAR MART        | <b>BUSINESS PHONE:</b><br>(559) 583-0797       | <b>RECORD ID#:</b><br>PR0005334 | <b>DATE:</b><br>January 06, 2011              |
| <b>FACILITY SITE ADDRESS:</b><br>1702 N 10TH AVE | <b>CITY:</b><br>HANFORD                        | <b>ZIP CODE:</b><br>93230       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>AVTAR SINGH                | <b>CERTIFIED FOOD HANDLER:</b><br>Chattan Kaur | <b>EXP DATE:</b><br>11/2/2014   | <b>INSPECTOR:</b><br>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:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Observed debris and mold buildup around the soda dispenser nozzles. Properly clean the soda nozzles more frequently to avoid contamination.

Observed microwave to have accumulation of food debris. Please clean on a regular basis to prevent build-up.

**General Comments:**

All cold holding unit temperatures were noted at 41 ° F or below.

Fried burrito in hot holding unit was noted at 145° F.

Restroom was fully stocked with soap, paper towels and hot running water.

**RESULTS OF EVALUATION:**  PASS  NEEDS IMPROVEMENT  FAIL

**Reinspection Required:** Yes:  No:

**Reinspection Date (on or after):** N/A

Potential Food Safety All Star:

*Savita Joshi*

Received By:

*Kimberly Marquez*

Agency Representative

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| <b>FACILITY SITE ADDRESS:</b><br>1702 N 10TH AVE | <b>CITY:</b><br>HANFORD                        | <b>ZIP CODE:</b><br>93230       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>AVTAR SINGH                | <b>CERTIFIED FOOD HANDLER:</b><br>Chattan Kaur | <b>EXP DATE:</b><br>9/25/2009   | <b>INSPECTOR:</b><br>Raymond Cooke - 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 PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]

**Description/Corrective Action:** Repair leak in plastic hose by the old soda machine area at the drive through window.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Maintain the handwash sink clear and accessible. Maintain liquid soap and paper towels.

**Violation:** IMPROPER HOT HOLDING TEMPERATURE(S) [HSC 113996]

**Description/Corrective Action:** Food products in the hot display on the front counter was noted at between 110 and 125 degrees. All hot holding must be maintained at or above 135 degrees. Thermometers in the case were hanging by the heating element which gives a false reading. Keep thermometers by the food product.

**General Comments:**

If the old kitchen area is leased out, have the new operators come to our office to apply for a food vending permit.

Occasionally run water in the plumbing fixtures in the unused restroom to keep the drains hydrated. Plumbing fixtures can be removed and the waste lines capped.

|                                                                                                                                                 |                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input checked="" 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><br><input type="checkbox"/> Potential Food Safety All Star: |

Raymond Cooke - REHS

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

Agency Representative

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