



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> SHELL FOODMART	<b>BUSINESS PHONE:</b> (559) 585-0799	<b>RECORD ID#:</b> PR0004818	<b>DATE:</b> July 07, 2011
<b>FACILITY SITE ADDRESS:</b> 620 W SEVENTH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JAGJIT SINGH	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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: UNNECESSARY ITEMS AND LITER (HSC 114257.1)

Description/Corrective Action: Remove old deep fat fryer from since counter.

General Comments:

Walk-in refrigerator temperature was noted to be below 41 degrees.

<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:

Raymond Cooke - REHS

Received By:

Agency Representative

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



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<b>FACILITY NAME:</b> SHELL FOODMART	<b>BUSINESS PHONE:</b> (559) 585-0799	<b>RECORD ID#:</b> PR0004818	<b>DATE:</b> September 30, 2010
<b>FACILITY SITE ADDRESS:</b> 620 W SEVENTH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JAGJIT SINGH	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:** INADEQUATE OR UNAPPROVED WATER SUPPLY [HSC 114192]

**Description/Corrective Action:** No hot waster was present at the restroom handwash sink.

**Violation:** RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

**Description/Corrective Action:** No paper towels were present in the dispenser in the restroom.

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

**Description/Corrective Action:** Maintain all CO2 cylinders secured so that they will not get knocked over.

**General Comments:**

Cold temperatures okay today.

<b>RESULTS OF EVALUATION:</b> <input 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:

*Mailed to Operator*

*Raymond Cooke - REHS*

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

Agency Representative

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<b>FACILITY NAME:</b> SHELL FOODMART	<b>BUSINESS PHONE:</b> (559) 585-0799	<b>RECORD ID#:</b> PR0004818	<b>DATE:</b> January 27, 2010
<b>FACILITY SITE ADDRESS:</b> 620 W SEVENTH ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> 1ST FOLLOW UP INSPECTION
<b>OWNER NAME:</b> JAGJIT SINGH	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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: None Noted

General Comments:

A follow-up re-inspection was performed today of this facility to verify compliance with required corrective actions for violations noted on the last routine inspection. The following was noted during today's inspection:

Hot water is now available at the hand wash station.

Your cooperation in resolving this matter has been greatly appreciated!

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Susan Lee-Yang - REHS

Received By:

Agency Representative

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