



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: SHOP-N-GO	BUSINESS PHONE: (559) 584-6650	RECORD ID#: PR0000562	DATE: August 31, 2011
FACILITY SITE ADDRESS: 596 S 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MOSA NAGI ALMUNSTASER	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: VERMIN INFESTATION [HSC 114259.1]

Description/Corrective Action: Observed roach droppings inside microwave. Operator needs to have regular Pest Control Service. Clean all equipment with bleach solution to avoid vermin infestation.

General Comments:

- Be sure to rotate stock regularly.
 - Clean facility regularly.
 - Cold unit was at 42°F.
 - Restroom need to be stocked w/ Liquid soap, paper towel & hot water.
- Thank you.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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:

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: SHOP-N-GO	BUSINESS PHONE: (559) 584-6650	RECORD ID#: PR0000562	DATE: August 25, 2010
FACILITY SITE ADDRESS: 596 S 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GAMEEL H NUMI	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: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed no ice scooper. Spoke to operator, stated scooper was covered under the ice. Please keep scooper outside of ice machine.

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

Description/Corrective Action: Observed bar soap located by sink. Please provide liquid or powder soap in dispenser. Paper towels were present, however they were sitting on toilet. Please provide a paper towel holder. Overall, please clean restroom on a regular basis.

Violation: VERMIN INFESTATION [HSC 114259.1]

Description/Corrective Action: Observed small roach in microwave. Spoke to operator, showed proof of invoice of pest control services to prevent infestation.

General Comments:

No dented cans were observed at time of inspection.
Food was kept separated from chemicals and properly organized.
Cold holding unit was noted at 40 ° F.
Hamburger located in cold holding unit was noted at 46 ° F. Please maintain temperature at or below 41 ° F.

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: SHOP-N-GO	BUSINESS PHONE: (559) 584-6650	RECORD ID#: PR0000562	DATE: May 27, 2009
FACILITY SITE ADDRESS: 596 S 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GAMEEL H NUMI	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: All food product & cans need general cleaning.

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

Description/Corrective Action: Major cleaning needed for the store. All corners, walls, ceilings, walk-in need cleaning.

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

Description/Corrective Action: Provide soap & paper towel for restroom. Restroom is unsanitary & needs detail cleaning & sanitizing. Not for public use.

General Comments:

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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: _____

Yatee Patel - REHS
Agency Representative

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