



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: STOP ZONE	BUSINESS PHONE: (559) 584-3479	RECORD ID#: PR0000157	DATE: June 29, 2011
FACILITY SITE ADDRESS: 10915 HANFORD/ARMONA RD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: VERN GREWAL	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: The floor in the restroom is in need of replacement. Many tiles are in disrepair.

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

Description/Corrective Action: Maintain liquid soap instead of bar soap in the restroom.

General Comments:

The reach in refrigerator along the south wall was noted at 43 to 44 degrees. Adjust unit to maintain 41 degrees or below. The walk-in refrigerator temperature was good.

Several old cans of food were removed from the shelf.

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: _____

Raymond Cooke - 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: STOP ZONE	BUSINESS PHONE: (559) 584-3479	RECORD ID#: PR0000157	DATE: June 17, 2010
FACILITY SITE ADDRESS: 10915 HANFORD/ARMONA RD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: VERN GREWAL	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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 MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: A bar of soap was noted in the restroom. Please use liquid soap and maintain the restroom clean.

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

Description/Corrective Action: The floor in the restroom is in disrepair. A single sheet of linoleum should be used for this purpose.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: The plastic racks in the walk-in were noted to be in need of cleaning. The operator stated that new racks are on order.

General Comments:

The 3 door reach. in refrigerator with the white front was noted at 43 degrees. sandwiches were moved to the walk-in. Adjust unit to maintain food at or below 41 degrees.

An other cold temps ok.

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: _____

Raymond Cooke - REHS

Environmental Health Specialist

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: STOP ZONE	BUSINESS PHONE: (559) 584-3479	RECORD ID#: PR0000157	DATE: February 19, 2010
FACILITY SITE ADDRESS: 10915 HANFORD/ARMONA RD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: VERN GREWAL	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]
Description/Corrective Action: Use appropriate dispenser for the jalapenos.

Violation: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]
Description/Corrective Action: Clean restrooms daily, provide paper towels and toilet paper.

General Comments:

Refrigeration temperatures were satisfactory.

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:

Liliana Stransky - REHS

Received By: _____

Agency Representative

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