



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: SUPPLEMENT DIRECT-HANFORD	BUSINESS PHONE: (559) 583-7881	RECORD ID#: PR0007553	DATE: March 28, 2012
FACILITY SITE ADDRESS: 110 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: INEZ M. RODRIGUEZ	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: None Noted

General Comments:

- Only pre-packaged items sold.
- All items were observed above floor.
- Hand washing station in the restroom was fully stocked & clean.
- Overall facility was in good condition.

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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Yatee Patel - REHS

Received By:

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SUPPLEMENT DIRECT-HANFORD	BUSINESS PHONE: (559) 583-7881	RECORD ID#: PR0007553	DATE: January 11, 2011
FACILITY SITE ADDRESS: 110 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: INEZ M. RODRIGUEZ	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed products stored directly on the ground.
Please ensure that all products are stored off the ground at a minimum of six inches.

General Comments:

Refrigerator storing milk products was noted satisfactory.

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:
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Received By: _____

Susan Lee-Yang - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SUPPLEMENT DIRECT-HANFORD	BUSINESS PHONE: (559) 583-7881	RECORD ID#: PR0007553	DATE: January 29, 2010
FACILITY SITE ADDRESS: 110 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: INEZ M. RODRIGUEZ	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: 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:

All previous noted violations have been corrected.

Hot water is now available in restroom handwash station.

Thank you for cooperation!

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:

Susan Lee-Yang - REHS

Agency Representative

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