



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> WALGREENS #05411	<b>BUSINESS PHONE:</b> (847) 914-3898	<b>RECORD ID#:</b> PR0005616	<b>DATE:</b> February 24, 2011
<b>FACILITY SITE ADDRESS:</b> 710 W GRANGEVILLE BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> WALGREENS #05411	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed accumulation of debris on floor in walk-in freezer. Please clean and maintain clean.

**General Comments:**

Overall, the food facility appeared in satisfactory operational condition.

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

<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:

*Ch M*

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

*Kimberly Marquez*

Agency Representative

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



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<b>FACILITY NAME:</b> WALGREENS #05411	<b>BUSINESS PHONE:</b> (847) 914-3898	<b>RECORD ID#:</b> PR0005616	<b>DATE:</b> March 30, 2010
<b>FACILITY SITE ADDRESS:</b> 710 W GRANGEVILLE BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> WALGREENS #05411	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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: None Noted

General Comments:

Facility observed well maintained.  
All food product was observed adequately stored.

<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:

*Frank Leonard*

*Liliana Stransky - REHS*

Received By:

Agency Representative

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<b>FACILITY NAME:</b> WALGREENS #05411	<b>BUSINESS PHONE:</b> (847) 914-3898	<b>RECORD ID#:</b> PR0005616	<b>DATE:</b> March 19, 2009
<b>FACILITY SITE ADDRESS:</b> 710 W GRANGEVILLE BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> WALGREENS #05411	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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: None Noted

General Comments:

Overall the facility was observed well maintained.  
All refrigeration temperatures were observed below 41°F.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Liliana Stransky - REHS

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

Agency Representative

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