



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: WESTSIDE LOCKERS	BUSINESS PHONE: (559) 584-7166	RECORD ID#: PR0000158	DATE: January 10, 2011
FACILITY SITE ADDRESS: 10945 9TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RICHARD ANDERSON	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 numerous meat boxes stored directly on the ground. This violation was noted during the past inspections as well. Please make sure all food products are stored off the ground (ie: on pallets).

General Comments:

- All cold holding units were noted below 41°F.
- Observed restroom well maintained and stocked with hot water, soap, and paper towels.
- Observed outside refuse container and area maintained.
- 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:

Received By: 

Susan Lee-Yang - 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: WESTSIDE LOCKERS	BUSINESS PHONE: (559) 584-7166	RECORD ID#: PR0000158	DATE: January 07, 2010
FACILITY SITE ADDRESS: 10945 9TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RICHARD ANDERSON	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 numerous boxes of meats stored directly on the ground inside walk-in freezer. This violation was previously noted during last routine inspection. Please correct noted violation to prevent further enforcements.

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

Description/Corrective Action: Please provide single-use paper towels for hand wash station.

General Comments:

All units were noted below 41°F.

Two compartment sink had hot water present.

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:

Be Ael f

Received By:

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Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: WESTSIDE LOCKERS	BUSINESS PHONE: (559) 584-7166	RECORD ID#: PR0000158	DATE: June 17, 2008
FACILITY SITE ADDRESS: 10945 9TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RICHARD ANDERSON	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Liliana Stransky

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

Description/Corrective Action:

General Comments:

Overall, the meat locker was observed in excellent operational condition.
All cold temperatures measured today 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): _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

Signature: _____

Liliana Stransky

Environmental Health Officer

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