



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><br>SHOP-N-GO #612           | <b>BUSINESS PHONE:</b><br>(559) 386-0226        | <b>RECORD ID#:</b><br>PR0000427 | <b>DATE:</b><br>April 17, 2009                |
| <b>FACILITY SITE ADDRESS:</b><br>27574 BERNARD DR | <b>CITY:</b><br>KETTLEMAN CITY                  | <b>ZIP CODE:</b><br>93239       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>JOHN SHEHADEY               | <b>CERTIFIED FOOD HANDLER:</b><br>Not Specified | <b>EXP DATE:</b>                | <b>INSPECTOR:</b><br>Lee Johnson - 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: OTHER PERMIT VIOLATION

Description/Corrective Action: New owners took over 4/3/09. Please fill out the required paperwork, and submit to our office as soon as possible.

General Comments:

All cold temps were satisfactory. No hot holding was occurring today.

Thank you.

|   |  |
|---|--|
| <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><br><input type="checkbox"/> Potential Food Safety All Star: |

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

Lee Johnson - REHS

Agency Representative

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



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|---|---|---------------------------------|---|
| <b>FACILITY NAME:</b><br>SHOP-N-GO #612           | <b>BUSINESS PHONE:</b><br>(559) 386-0226        | <b>RECORD ID#:</b><br>PR0000427 | <b>DATE:</b><br>September 16, 2008            |
| <b>FACILITY SITE ADDRESS:</b><br>27574 BERNARD DR | <b>CITY:</b><br>KETTLEMAN CITY                  | <b>ZIP CODE:</b><br>93239       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>SHOP-N-GO, INC              | <b>CERTIFIED FOOD HANDLER:</b><br>Not Specified | <b>EXP DATE:</b>                | <b>INSPECTOR:</b><br>Lee Johnson              |

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:** Both restroom are in need of cleaning and toilet in small stall in women's restroom does not flush effectively and requires repair.

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

**Description/Corrective Action:** Please clean floor below soda syrup boxes to remove accumulated debris.

**Violation:** IMPROPER HOT HOLDING TEMPERATURE(S) [HSC 113996]

**Description/Corrective Action:** Hot dog temperatures ranged from 128 to 132F. Please adjust unit to maintain 135F or more at all times.

General Comments:

|   |  |
|---|--|
| <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><br><input type="checkbox"/> Potential Food Safety All Star: |

*A. Rosenberg*

Received By:

*Lee Johnson*

Environmental Health Specialist

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**FOOD SAFETY EVALUATION REPORT**

|   |   |                                 |   |
|---|---|---------------------------------|---|
| <b>FACILITY NAME:</b><br>SHOP-N-GO #612           | <b>BUSINESS PHONE:</b><br>(559) 266-5055        | <b>RECORD ID#:</b><br>PR0000427 | <b>DATE:</b><br>February 25, 2008             |
| <b>FACILITY SITE ADDRESS:</b><br>27574 BERNARD DR | <b>CITY:</b><br>KETTLEMAN CITY                  | <b>ZIP CODE:</b><br>93701       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>SHOP-N-GO, INC              | <b>CERTIFIED FOOD HANDLER:</b><br>Not Specified | <b>EXP DATE:</b>                | <b>INSPECTOR:</b><br>Lee Johnson              |

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 PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]

**Description/Corrective Action:** The janitorial mop sink faucet was noted to be leaking at the backflow prevention valve. Please repair.

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

**Description/Corrective Action:** Please clean flooring beneath soda syrup rack in back room to remove accumulated debris.

**General Comments:**

|   |   |
|---|---|
| <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> _____ N/A<br><input type="checkbox"/> Potential Food Safety All Star: |

*See Appendix*

Signature: \_\_\_\_\_

*Lee Johnson*  
 \_\_\_\_\_  
 Environmental Health Officer

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