



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: SINGH'S VIEW/SUBWAY-TCBYs	BUSINESS PHONE: (559) 386-1347	RECORD ID#: PR0004437	DATE: February 01, 2012
FACILITY SITE ADDRESS: 27574 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AMRIT P SINGH	CERTIFIED FOOD HANDLER: MARICELA DURAN	EXP DATE: 10/26/2015	INSPECTOR: 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: IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: At an inspection last year during fly season the facility was informed to install a commercial grade UV fly trap to aid in fly control. This has not yet been installed. Please install prior to the upcoming fly season.

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

Description/Corrective Action: The air temperature in the walk in refrigerator measured 49F during inspection. Food product ranged from 43-45F. Please monitor closely and adjust or repair as needed to insure that food product stays at 41F or less at all times.

General Comments:

Except as otherwise noted above, all hot and cold temperatures checked today were satisfactory. Staff log food temperatures twice daily. Hand wash sinks were fully stocked. The TCBY section has been taken out of service.

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:

Manella Duran

Received By:

Lee Johnson - 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: SINGH'S VIEW/SUBWAY-TCBYs	BUSINESS PHONE: (559) 386-1347	RECORD ID#: PR0004437	DATE: July 06, 2011
FACILITY SITE ADDRESS: 27574 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AMRIT P SINGH	CERTIFIED FOOD HANDLER: MARICELA DURAN	EXP DATE: 10/26/2015	INSPECTOR: 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: IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: Numerous flies were noted in the facility today. Please install UV fly trap(s) appropriate for food service.

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

Description/Corrective Action: The three compartment sink lacked paper towels. Please provide.

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

Description/Corrective Action: The small refrigerator (virtually empty) in the TCBY section measured 61F. Adjust, repair or replace to hold foods at 41F or less at all times. Discontinue use until repaired.

General Comments:

Except as noted above all cold and hot holding temperatures checked today were 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:

Manuela Duran

Received By: _____

Lee Johnson - REHS

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SINGH'S VIEW/SUBWAY-TCBYs	BUSINESS PHONE: (559) 386-1347	RECORD ID#: PR0004437	DATE: November 16, 2010
FACILITY SITE ADDRESS: 27574 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AMRIT P SINGH	CERTIFIED FOOD HANDLER: AMRIT SINGH	EXP DATE: 9/30/2010	INSPECTOR: 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: None Noted

General Comments:

All hot and cold temperatures checked today were satisfactory. Hand wash sinks were fully stocked. The facility was clean. Temperatures are logged twice daily by staff.

Thank you.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Marcela Duran

Received By:

Lee Johnson - REHS

Agency Representative

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