



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> KWIK BREAK DELI MART	<b>BUSINESS PHONE:</b> (559) 924-3801	<b>RECORD ID#:</b> PR0000355	<b>DATE:</b> August 02, 2011
<b>FACILITY SITE ADDRESS:</b> 19520 GRANGEVILLE BLVD	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ROGER NORDSTROM	<b>CERTIFIED FOOD HANDLER:</b> APRIL HEDRICK	<b>EXP DATE:</b> 4/23/2015	<b>INSPECTOR:</b> Veronica Santa Cruz-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 MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** The hand wash station must have soap and papertowels that are mounted to the wall near the hand wash sink.

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

**Description/Corrective Action:** The floor sinks throughout the facility are in need of cleaning. Also, the hand wash station has a minor leak that needs to be repaired.

**Violation:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:** Tomatillo and raw meat were observed stored directly next to one another on the floor in the large wake-in unit. All ready to eat foods must be stored away from raw uncooked meats and no food item should be stored directly on the floor. All food products must be stored six inches off the ground.

**Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** During today's inspection, an employee was asked how to use the Quat sanitizer dispenser at the three compartment sink. The employee was unaware how to use the dispenser and the purpose for the sanitizing solution.

All employees must be aware of the importance of washing, rinsing, and sanitizing dishes.

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

**Description/Corrective Action:** One of the display cold holding units storing pre-packaged burritos measured at 46° F. All cold holding units storing potentially hazardous foods must measure at or below 41° F.

**General Comments:**

Foods on the steam table and hot holding units measured above 135°F.  
Make sure all employees hair is tied back when handling food.

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



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<b>FACILITY SITE ADDRESS:</b> 19520 GRANGEVILLE BLVD	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ROGER NORDSTROM	<b>CERTIFIED FOOD HANDLER:</b> APRIL HEDRICK	<b>EXP DATE:</b> 4/23/2015	<b>INSPECTOR:</b> Veronica Santa Cruz-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.

<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input checked="" 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:
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*April Hedrick*

*Veronica Santa Cruz-REHS*

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

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> KWIK BREAK DELI MART	<b>BUSINESS PHONE:</b> (559) 924-3801	<b>RECORD ID#:</b> PR0000355	<b>DATE:</b> October 28, 2010
<b>FACILITY SITE ADDRESS:</b> 19520 GRANGEVILLE BLVD	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ROGER NORDSTROM	<b>CERTIFIED FOOD HANDLER:</b> APRIL HEDRICK	<b>EXP DATE:</b> 4/23/2015	<b>INSPECTOR:</b> Veronica Santa Cruz-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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** The grease trap needs to be cleaned because a rancid smell was noted in this area.

Please remove the non-commercial reach-in freezer since it is no longer working and the operator indicated that the facility had no intention of fixing this unit.

**General Comments:**

Hand wash station and restrooms were stocked with soap, paper towels, and hot water.  
Cold holding units that were storing potentially hazardous foods measured at or below 41° F.  
The facility's chlorine plug for the well was noted to be well secured during today's inspection.

<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 <input type="checkbox"/> Potential Food Safety All Star:
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<b>FACILITY NAME:</b> KWIK BREAK DELI MART	<b>BUSINESS PHONE:</b> (559) 924-3801	<b>RECORD ID#:</b> PR0000355	<b>DATE:</b> March 09, 2010
<b>FACILITY SITE ADDRESS:</b> 19520 GRANGEVILLE BLVD	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ROGER NORDSTROM	<b>CERTIFIED FOOD HANDLER:</b> April Hedrick	<b>EXP DATE:</b> 2/1/2010	<b>INSPECTOR:</b> Veronica Santa Cruz-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:** NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

**Description/Corrective Action:** Currently, the facility's certified foodhandler certificate has expired. Please have someone from the facility take and pass a certified foodhandler course within 60 days. Once the certified foodhandler certificate is made available, please fax or mail a copy of the certificate to our department.

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

**Description/Corrective Action:** The soda machine floor drain is in need of cleaning. Please routinely clean this floor drain and any other floor drain to avoid accumulated build-up of debris.

**General Comments:**

Handwash station and restrooms were equipped with soap, paper towels, and hot water.  
Cold holding units measured at satisfactory temperatures.  
Corndog and pizza pocket measured between 140- 160°F in the hot holding unit.

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

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