



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: ALL STAR MINI MART	BUSINESS PHONE: (559) 583-7441	RECORD ID#: PR0000269	DATE: March 12, 2009
FACILITY SITE ADDRESS: 13981 ADA ST 300	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SIDHU J K INC	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: None Noted

General Comments:

Cold holding unit storing milk, hot dog, and cheese measured at 41°F.

Observed restroom and facility well maintained.

Facility is in good operating condition.

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: ALL STAR MINI MART	BUSINESS PHONE: (559) 583-7441	RECORD ID#: PR0000269	DATE: March 25, 2008
FACILITY SITE ADDRESS: 13981 ADA ST 300	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SIDHU J K INC	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:

All cold food temperatures measured today were satisfactory.
The food areas of the facility appeared in good operational condition.

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:

[Handwritten signature]

Signature: _____

Liliana Stransky

Environmental Health Officer

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ALL STAR MINI MART	BUSINESS PHONE: (559) 583-7441	RECORD ID#: PR0000269	DATE: May 29, 2007
FACILITY SITE ADDRESS: 13981 ADA ST 300	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: INVESTIGATION - UNCLASSIFIED
OWNER NAME: SIDHU J K INC	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Luis Flores

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:

The facility operator requested the Department evaluate the store's operational square footage for a permit fee determination. The following was noted:

The store is 55' by 45' for a total square footage of 2475 sq. ft. The owner stated he was under the assumption that beverage storage areas and restrooms were not included in the determination and only sales areas were included. The facility owner was informed of the Department's final determination.

RESULTS OF EVALUATION: <input 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:

Luis Flores

Signature: _____

Luis Flores
Environmental Health Officer

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