



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> RAVEN'S DELI	<b>BUSINESS PHONE:</b> (559) 584-3948	<b>RECORD ID#:</b> PR0000152	<b>DATE:</b> October 11, 2011
<b>FACILITY SITE ADDRESS:</b> 10870 14TH AVE	<b>CITY:</b> ARMONA	<b>ZIP CODE:</b> 93202	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> WILLIAM & MARLENE RAVEN	<b>CERTIFIED FOOD HANDLER:</b> ANTHONY RAVEN	<b>EXP DATE:</b> 8/3/2015	<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 FOOD HANDLING PRACTICES [HSC 113961 - 113973]

**Description/Corrective Action:** An employee was observed preparing a sandwich without using proper food handling gloves. Please remember that any food handler who has acrylic nails and/or a cut on their hands must wear food handler gloves while preparing food.

**General Comments:**

Hand wash stations were stocked with soap, paper towels, and hot water.  
All cold holding units measured at or below 41°F.  
Tri-tip and turkey on the hot holding serving line measured well above 135°F.

<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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*Kathleen Coleman*

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

*Veronica Santa Cruz-REHS*  
Agency Representative

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



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<b>FACILITY NAME:</b> RAVEN'S DELI	<b>BUSINESS PHONE:</b> (559) 584-3948	<b>RECORD ID#:</b> PR0000152	<b>DATE:</b> May 24, 2011
<b>FACILITY SITE ADDRESS:</b> 10870 14TH AVE	<b>CITY:</b> ARMONA	<b>ZIP CODE:</b> 93202	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> WILLIAM & MARLENE RAVEN	<b>CERTIFIED FOOD HANDLER:</b> ANTHONY RAVEN	<b>EXP DATE:</b> 8/3/2015	<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 soda nozzles were observed with accumulated syrup. Please routinely wash, rinse, and sanitize the soda nozzles on a daily basis.

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

**Description/Corrective Action:** The ice scoop was observed submerged in ice in the ice machine. Please do not place the ice scoop in the ice machine but instead place the scoop in a clean bucket and/or container.

**General Comments:**

Hand wash sinks were stocked with soap, paper towels, and hot water.  
Cold holding units measured at or below 41°F.  
Tri-tip and shredded turkey on the steam table measured between 143--150°F.

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

Received By:

*Veronica Santa Cruz-REHS*

Agency Representative

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<b>FACILITY NAME:</b> RAVEN'S DELI	<b>BUSINESS PHONE:</b> (559) 584-3948	<b>RECORD ID#:</b> PR0000152	<b>DATE:</b> November 22, 2010
<b>FACILITY SITE ADDRESS:</b> 10870 14TH AVE	<b>CITY:</b> ARMONA	<b>ZIP CODE:</b> 93202	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> WILLIAM & MARLENE RAVEN	<b>CERTIFIED FOOD HANDLER:</b> ANTHONY RAVEN	<b>EXP DATE:</b> 8/3/2015	<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:** Observed the hood baffles in need of cleaning. Please routinely clean the hood baffles to avoid an accumulation of grease.

**General Comments:**

Restrooms and hand wash stations were stocked with soap, paper towels, and hot water.  
Cold holding units measured below 41°F.  
Tri-tip, turkey, and beans on the steam table measured above 140°F.

<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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*Aloria Sotelo*

Received By:

*Veronica Santa Cruz-REHS*

Agency Representative

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