



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: RAVEN'S DELI	BUSINESS PHONE: (559) 584-9524	RECORD ID#: PR0000152	DATE: November 10, 2009
FACILITY SITE ADDRESS: 10870 14TH AVE	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: WILLIAM & MARLENE RAVEN	CERTIFIED FOOD HANDLER: ANTHONY RAVEN	EXP DATE: 8/10/2010	INSPECTOR: Veronica Santa Cruz

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 HOT HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Tri-tip on the steam table measured at 128°F. During the inspection, the operator highered the temperature of the steam table.

All hot holding foods need to measure at 135°F or above.

General Comments:

Handwash stations and restrooms were stocked with soap, paper towels, and hot water. Cold holding units measured below 41°F.

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:

Kathy Coleman

Received By:

Veronica Santa Cruz

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: RAVEN'S DELI	BUSINESS PHONE: (559) 584-9524	RECORD ID#: PR0000152	DATE: May 21, 2009
FACILITY SITE ADDRESS: 10870 14TH AVE	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: WILLIAM & MARLENE RAVEN	CERTIFIED FOOD HANDLER: ANTHONY RAVEN	EXP DATE: 8/10/2008	INSPECTOR: Veronica Santa Cruz

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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed employee washing dishes without sanitizer. Proper 3 compartment set-up includes:
1) hot water with soap for dishwashing
2) hot water/warm water for rinsing
3) cool water with proper sanitizer (i.e. chlorine or quaternary ammonia)

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

Description/Corrective Action: Observed hand wash sink in the front area to have a leak. Please repair the leak.

The second hand wash station in the back was inaccessible. Please make sure all hand wash stations are accessible at all times.

General Comments:

Facility's steam table held meats at or above 135°F. All cold holding units measured at or below 41°F. Overall, facility is in satisfactory 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:

Alicia Sotelo

Received By: _____

Veronica Santa Cruz

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: RAVEN'S DELI	BUSINESS PHONE: (559) 584-9524	RECORD ID#: PR0000152	DATE: November 20, 2008
FACILITY SITE ADDRESS: 10870 14TH AVE	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: WILLIAM & MARLENE RAVEN	CERTIFIED FOOD HANDLER: ANTHONY RAVEN	EXP DATE: 8/10/2008	INSPECTOR: Yatee Patel

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 handwash sink located in the back was inaccessible. Please be sure it is accessible at all times.

General Comments:

Overall, the food 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): <u> N/A </u> <input checked="" type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Yatee Patel

Environmental Health Specialist

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