



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> AVENAL FOOD MART	<b>BUSINESS PHONE:</b> (559) 386-5900	<b>RECORD ID#:</b> PR0003726	<b>DATE:</b> December 02, 2011
<b>FACILITY SITE ADDRESS:</b> 903 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SILVIA ZAVALA	<b>CERTIFIED FOOD HANDLER:</b> SILVIA ZAVALA	<b>EXP DATE:</b> 5/16/2016	<b>INSPECTOR:</b> Troy Hommerding-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:

Customer and employee restroom was noted fully stocked today.

Handwash sink in the kitchen area was noted fully stocked today. Hot holding temperatures were measured at or above 135°F in the display case.

Cold holding temperatures were satisfactory.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

*Silvia Zavala*

*Troy Hommerding-REHS*

Received By:

Agency Representative

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



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<b>FACILITY NAME:</b> AVENAL FOOD MART	<b>BUSINESS PHONE:</b> (559) 386-5900	<b>RECORD ID#:</b> PR0003726	<b>DATE:</b> June 13, 2011
<b>FACILITY SITE ADDRESS:</b> 903 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SILVIA ZAVALA	<b>CERTIFIED FOOD HANDLER:</b> SILVIA ZAVALA	<b>EXP DATE:</b> 11/6/2011	<b>INSPECTOR:</b> 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:** RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

**Description/Corrective Action:** Please repair recent leak at restroom ceiling.

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

**Description/Corrective Action:** The True display refrigerator measured 48F today. Please adjust or repair to maintain 41F or less at all times.

**General Comments:**

Except as noted above all hot and cold holding temperatures checked today were satisfactory. All hand sinks were fully stocked. 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:

Received By:

Lee Johnson - REHS

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<b>FACILITY NAME:</b> AVENAL FOOD MART	<b>BUSINESS PHONE:</b> (559) 386-5900	<b>RECORD ID#:</b> PR0003726	<b>DATE:</b> October 19, 2010
<b>FACILITY SITE ADDRESS:</b> 903 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SILVIA ZAVALA	<b>CERTIFIED FOOD HANDLER:</b> SILVIA ZAVALA	<b>EXP DATE:</b> 11/6/2011	<b>INSPECTOR:</b> 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 COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The two-door True reach in refrigerator measured 46F today. Electrician was on site installing a new breaker to replace one that failed yesterday. A new hot holding case was also installed today (NSF, commercial grade). Monitor cold temperature and adjust thermostat if needed.

General Comments:

All other hot and cold holding temperatures checked today were satisfactory. Hand wash sinks were fully stocked.

Thank you.

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

*Silvia S Zavala*

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

*Lee Johnson - REHS*

Agency Representative

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