



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> RICE'S LIQUOR STORE	<b>BUSINESS PHONE:</b> (559) 386-5584	<b>RECORD ID#:</b> PR0000627	<b>DATE:</b> August 27, 2009
<b>FACILITY SITE ADDRESS:</b> 857 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> M MUTHANA/N MOHAMED	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** The store is in need of general and thorough cleaning, including dusting of product shelves, and cleaning and organizing of back storage areas. Please remove empty boxes from walk in as well.

**General Comments:**

All cold temps were good. Restrooms has soap, paper towels, and hot water. No hot holding is occurring or permitted. Thank you.

<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:

Received By: 

Lee Johnson - REHS  
Agency Representative

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



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<b>FACILITY NAME:</b> RICE'S LIQUOR STORE	<b>BUSINESS PHONE:</b> (559) 386-5584	<b>RECORD ID#:</b> PR0000627	<b>DATE:</b> February 10, 2009
<b>FACILITY SITE ADDRESS:</b> 857 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> M MUTHANA/N MOHAMED	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** The back storage room is in need of thorough cleaning and organization. Discard all broken and unused equipment and clean the space thoroughly.

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

**Description/Corrective Action:**

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

**Description/Corrective Action:** Please provide paper towels to restroom sink.

**General Comments:**

All cold temps checked today were satisfactory. No hot holding is occurring or permitted. 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

Agency Representative

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<b>FACILITY NAME:</b> RICE'S LIQUOR STORE	<b>BUSINESS PHONE:</b> (559) 386-5584	<b>RECORD ID#:</b> PR0000627	<b>DATE:</b> August 18, 2008
<b>FACILITY SITE ADDRESS:</b> 857 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> M MUTHANA/N MOHAMED	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Troy Hommerding

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:** Paper towels were noted missing. The operator stated a person took them. Please replace paper towels.

**General Comments:**

Cold holding temperatures were below 41°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:

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

*Troy Hommerding*  
\_\_\_\_\_  
Environmental Health Specialist

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