



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> SKYLINE MINI MART	<b>BUSINESS PHONE:</b> (559) 386-0933	<b>RECORD ID#:</b> PR0000591	<b>DATE:</b> February 09, 2010
<b>FACILITY SITE ADDRESS:</b> 722 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AHMED & WALID MOHARAM	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<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:

All cold holding temperatures were measured at or below 41°F.

General store area is in satisfactory condition.

Employee restroom was noted fully stocked today.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

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> SKYLINE MINI MART	<b>BUSINESS PHONE:</b> (559) 386-0933	<b>RECORD ID#:</b> PR0000591	<b>DATE:</b> May 29, 2009
<b>FACILITY SITE ADDRESS:</b> 722 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AHMED & WALID MOHARAM	<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 COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The sandwich refrigerator measured 57F and the milk walls' in measured 55F. Contact service tech immediately for service.

General Comments:

Please call our office when refrigerators have been repaired. Reinspection will occur on or after 6/4/09. If additional inspections are required after that we will need to bill you \$195 per inspection. 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 checked="" type="checkbox"/> No: <input type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>6/4/2009</u> <input type="checkbox"/> Potential Food Safety All Star:

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

Lee Johnson - REHS

Agency Representative

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<b>FACILITY NAME:</b> SKYLINE MINI MART	<b>BUSINESS PHONE:</b> (559) 386-0933	<b>RECORD ID#:</b> PR0000591	<b>DATE:</b> December 15, 2008
<b>FACILITY SITE ADDRESS:</b> 722 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AHMED & WALID MOHARAM	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Lee Johnson

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:** OTHER PERMIT VIOLATION

**Description/Corrective Action:** Please secure CO2 tanks with a chain or cable to prevent accidental tip over.

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

**Description/Corrective Action:** Please repair the broken wall board at the base near the entrance to the old walk in refrigerator.

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

**Description/Corrective Action:** Ice scoop was noted stored on top of soda box. Please store scoop in a clean container to prevent contamination.

**General Comments:**

The milk walk in measured 45F. Please monitor and adjust down as needed. All other cold temperatures checked were satisfactory. New walk in for beer only has been installed. Condensate drains to outside. No hot holding is occurring.

<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:

*selah*

Lee Johnson

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

Environmental Health Specialist

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