



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> SUBWAY	<b>BUSINESS PHONE:</b> (559) 386-9556	<b>RECORD ID#:</b> PR0005207	<b>DATE:</b> November 04, 2009
<b>FACILITY SITE ADDRESS:</b> 255 E KINGS	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SURINDER PAL SINGH	<b>CERTIFIED FOOD HANDLER:</b> GURVINDER SINGH	<b>EXP DATE:</b> 6/11/2013	<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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** No hot water was available at the restroom hand sink (hot water was present at other sinks in the facility). Please repair to provide hot water to all sinks.

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

**Description/Corrective Action:** Please clean the flooring beneath the soda syrup rack to remove debris. Also, please secure the adjacent CO2 tanks to prevent tip over.

**General Comments:**

All hot and cold temperatures checked today were satisfactory. Temperatures are logged by staff twice daily. Product dating is used as well. Please provide sanitizer test strips to check for proper sanitizer levels for wiping rags and dish washing.

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

*SP Singh*

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

Lee Johnson - REHS

Agency Representative

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



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> SUBWAY	<b>BUSINESS PHONE:</b> (559) 386-9556	<b>RECORD ID#:</b> PR0005207	<b>DATE:</b> May 19, 2009
<b>FACILITY SITE ADDRESS:</b> 255 E KINGS	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SURINDER PAL SINGH	<b>CERTIFIED FOOD HANDLER:</b> GURVINDER SINGH	<b>EXP DATE:</b> 6/11/2013	<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:** RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

**Description/Corrective Action:** Restroom facility was noted "out of order", store staff stated they are working on the door self closure device.

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

**Description/Corrective Action:** Please replace the protective light cover in the freezer, the light cover was noted missing.

**General Comments:**

Cold holding temperatures were measured at the proper regulatory requirements.

The hot held meatball marinara was measured above 135°F.

Handwash sink was noted fully stocked today.

Store staff was noted practicing good handwashing and using food grade plastic gloves to minimize bare hand contact with ready to eat foods.

<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:

Troy Hommerding-REHS

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

Agency Representative

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



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> SUBWAY	<b>BUSINESS PHONE:</b> (559) 386-9556	<b>RECORD ID#:</b> PR0005207	<b>DATE:</b> May 20, 2008
<b>FACILITY SITE ADDRESS:</b> 255 E KINGS	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> 1ST FOLLOW UP INSPECTION
<b>OWNER NAME:</b> SURINDER PAL SINGH	<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:** NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

**Description/Corrective Action:** This facility currently does not have a certified food safety person dedicated to this facility. You have 30 days to have at least one person (owner, manager, or employee) to register and take the food safety certification exam.

**General Comments:**

The restroom exhaust fan has been repaired from the previous inspection.

The sandwich prep table has been repaired from the previous inspection.

<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:

*ml sm*

Signature: \_\_\_\_\_

*Troy Hommerding*  
\_\_\_\_\_  
Environmental Health Officer

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