



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/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: AVENAL FOOD MART #6	BUSINESS PHONE: (559) 904-1098	RECORD ID#: PR0003726	DATE: August 01, 2019
FACILITY SITE ADDRESS: 903 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SILVIA ZAVALA	CERTIFIED FOOD MANAGER: SILVIA ZAVALA	EXP DATE: 5/10/2021	INSPECTOR: Rumi Chhina

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: Observed accumulation of dust on the ceiling of the walk-in refrigerator. Please clean the ceiling of the refrigerator regularly.

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

Description/Corrective Action: During inspection, observed that the employees are missing their 3rd step of ware-washing. You have to follow all the three steps wash, rinse and sanitize while cleaning utensils. You can use either bleach or QAC sanitizer in order to complete the step. Bleach should be at 100ppm.

General Comments:

Conducted a routine inspection of the facility and noted the following:

- The temperature of the foods in the warmer were noted at or above 135F.
- All food products were stored six inches above the ground.
- Restrooms and hand washing stations were fully stocked with soap, paper towels and hot water available.
- The temperature of the foods in cold holding units were noted at or below 41F.

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:

Silvia Zavala

Rumi Chhina

Received By:

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: AVENAL FOOD MART #6	BUSINESS PHONE: (559) 904-1098	RECORD ID#: PR0003726	DATE: August 17, 2018
FACILITY SITE ADDRESS: 903 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SILVIA ZAVALA	CERTIFIED FOOD MANAGER: SILVIA ZAVALA	EXP DATE: 5/10/2021	INSPECTOR: Abel Simon - 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:

The hand wash station was noted to be fully stocked.
 The temperature of all cold holding units were noted to be below 41°F.
 The temperature of the foods in the hot holding units was noted to be above 135°F.
 The restrooms were noted to be fully stocked.
 All non PHF on the floor sales area were noted to be above the floor six inches.
 Thank you.

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:

Revised

Abel Simon - REHS

Received By: _____

Agency Representative _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: AVENAL FOOD MART #6	BUSINESS PHONE: (559) 904-1098	RECORD ID#: PR0003726	DATE: December 13, 2017
FACILITY SITE ADDRESS: 903 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SILVIA ZAVALA	CERTIFIED FOOD MANAGER: SILVIA ZAVALA	EXP DATE: 5/10/2021	INSPECTOR: Luis Flores - 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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: The exhaust hood was observed with dust and grease accumulation in addition to spider webs. Clean immediately.

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

Description/Corrective Action: Dust and food debris accumulation was observed on the counter surface beneath the microwave oven. The area was cleaned out by staff upon notification.

Violation: IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: Rodent droppings were observed inside one of the self-service counter cupboards. Clean out the droppings, sanitize the exposed area, and set traps for vermin.

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

Description/Corrective Action: Grease accumulation was observed on the floor around the deep fat fryer. Clean daily.

General Comments:

All monitored hot and cold food temperatures met State Food Code requirements.
 A 1/2 gallon container of Crystal brand milk was noted with a code date of 12-10-17. It is recommended that the container and any other such out dated products be removed from sale display although not a Food Code violation.
 Adhere to a daily cleaning schedule that includes the deep fat fryer area and exhaust hood.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): N/A <input type="checkbox"/> Potential Food Safety All Star:

Luis Flores - REHS

Received By: _____

Agency Representative _____

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