



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: GOLDEN NUTRI CLUB	BUSINESS PHONE: (559) 386-1038	RECORD ID#: PR0008536	DATE: June 23, 2017
FACILITY SITE ADDRESS: 504 S 4TH AVE STE B	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GRACIELA S. VARGAS	CERTIFIED FOOD MANAGER: Graciela Vargas	EXP DATE: 5/2/2022	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 was noted to be below 41°F.

The prep area was noted to be well maintained and organized.

The bathroom was noted to be in good condition.

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:

Abel Simon - REHS

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: GOLDEN NUTRI CLUB	BUSINESS PHONE: (559) 386-1038	RECORD ID#: PR0008536	DATE: April 01, 2015
FACILITY SITE ADDRESS: 504 S 4TH AVE B	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GRACIELA S. VARGAS	CERTIFIED FOOD HANDLER: Graciela Vargas	EXP DATE: 3/29/2017	INSPECTOR: Vikram Singh

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 store area was observed in a clean and organized condition.
The three compartment sink had hot water, soap, and sanitizer.
None of the violations were noted today.
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:

Vikram Singh

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: GOLDEN NUTRI CLUB	BUSINESS PHONE: (559) 386-1038	RECORD ID#: PR0008536	DATE: August 29, 2013
FACILITY SITE ADDRESS: 504 S 4TH AVE B	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GRACIELA S. VARGAS	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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 or replace non functional soap dispenser. Keep sink stocked with soap and paper towels at all times.

General Comments:

No hot. holding. Drinks, ice cream, fruit salad, sandwiches, etc. All cold temperatures were satisfactory. 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:

Received By:

Lee Johnson - REHS

Agency Representative

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