



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: SANDHU AVENAL INC. (SUBWAY-AVENAL)	BUSINESS PHONE: (559) 386-9556	RECORD ID#: PR0005207	DATE: May 30, 2019
FACILITY SITE ADDRESS: 255 E KINGS ST	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MANINDER SANDHU	CERTIFIED FOOD MANAGER: Maninder Sandhu	EXP DATE: 12/24/2017	INSPECTOR: 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: Paper towels in the restroom were observed stored atop the towel dispenser. The manager stated they have received a new paper towel dispenser but have not installed the new one yet. Please ensure the paper dispenser is properly stocked, do not store paper towels on top of the dispenser.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Walk in refrigeration temperature was measured at 45°F (ambient air). Foods probed inside the unit measured between 45°F-50°F. Please have this unit checked, this refrigeration unit must be maintained at 41°F or below. Please correct with in 7 days, a re-inspection will be conducted.

Violation: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The Certified Food Manager Certification is currently expired. Please have at least one staff member, owner or operator taken and pass an accredited food safety managers course with in 30 days. If this is not completed with in 30 days, you will be required to attend an office hearing and invoiced \$226.00 for such hearing. Additionally, all other persons preparing sandwiches or conducting food preparation must have a California Food Handler Card. One employee did not have a current food handler card. They must obtain a California Food Handlers Card with in 30 days or they will not be allowed to conduct any food preparation.

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

Description/Corrective Action:

1. Pomegranate lime aid juice drink dispenser is dripping and spilling juice onto catch basin and on to the floor. The manager stated a seal is leaking and they have order a new seal for the juice machine.
2. Exposed electrical wires were observed above the desk workstation in the back, please repair.
3. A hole in the ceiling was observed over the walkin-freezer units, please repair.

General Comments:

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One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Please correct the noted violations a re-inspection will be conducted in 7 days to follow up on the walk in refrigeration temperature. One re-inspection will be conducted free of charge, if subsequent follow-up re-inspections are required, you will be invoiced \$226.00 for each thereafter the first.

Furthermore, a re-inspection will be also be conducted after 30 days to follow-up for the food manager certification, food handler cards, and the leaking juice machine. One re-inspection will be conducted free of charge, if subsequent follow-up re-inspections are required, you will be invoiced \$226.00 for each thereafter the first.

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:
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Maninder Sandhu

Received By: _____

Troy Hommerding-REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SANDHU AVENAL INC. (SUBWAY-AVENAL)	BUSINESS PHONE: (559) 386-9556	RECORD ID#: PR0005207	DATE: June 15, 2018
FACILITY SITE ADDRESS: 255 E KINGS ST	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MANINDER SANDHU	CERTIFIED FOOD MANAGER: Maninder Sandhu	EXP DATE: 12/24/2017	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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The current food manager's certification shows an expiration date of December 2017. Please have a current certification sent to our office with in 30 days and keep a copy on site.

Violation: NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES

Description/Corrective Action: One of the employees on site stated that they had an expired food handler card. The other employee stated they had a current card but not on site. Please make sure that all food handler cards are kept on site. Please have a copy of the cards sent to our office with in 30 days.

Violation: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: The toilet handle in the restroom was observed to be broken. Please have this repaired in a timely manner.

General Comments:

- The hand wash station was observed to be fully stocked.
- Observed proper hand washing from the employees during sandwich making.
- The temperature of all cold holding and hot holding units was noted to be at satisfactory level.
- All items in the walk-in units were noted to be above the floor six inches.
- Please repair the above noted violation. Thank you.

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The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
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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): _____ N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By: _____

Abel Simon - REHS

Agency Representative

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