



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**

<b>FACILITY NAME:</b> ALDI INC.	<b>BUSINESS PHONE:</b> Not Specified	<b>RECORD ID#:</b> PR0010566	<b>DATE:</b> February 06, 2020
<b>FACILITY SITE ADDRESS:</b> 1789 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AI CALIFORNIA	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Yatee Patel - 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 units and food were at or below 41F.
- All meats are separated from ready to eat products.
- All foods were observed above 6" of floor.
- All units are electronically monitored.
- Pest Control Services come once a month or as needed.
- The store was well organized and clean .
- 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> <u>          N/A          </u>
	<input type="checkbox"/> Potential Food Safety All Star:

Received By:

*Yatee Patel - REHS*  
Agency Representative

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



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<b>FACILITY NAME:</b> ALDI INC.	<b>BUSINESS PHONE:</b> Not Specified	<b>RECORD ID#:</b> PR0010566	<b>DATE:</b> August 15, 2019
<b>FACILITY SITE ADDRESS:</b> 1789 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AI CALIFORNIA	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:** None Noted

**General Comments:**

- Conducted a routine inspection of this facility and noted the following:
- Ambient temperatures of all cold holding units were noted at or below 41F.
  - All food products were stored six inches above ground.
  - Back storage was noted clean.
  - Restrooms were fully stocked with soap, paper towels and hot water available.
  - Overall facility looks clean.

<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:

*[Handwritten signature]*

*Rumi Chhina*

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

Agency Representative \_\_\_\_\_

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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> ALDI	<b>BUSINESS PHONE:</b> Not Specified	<b>RECORD ID#:</b> PR0010541	<b>DATE:</b> April 01, 2019
<b>FACILITY SITE ADDRESS:</b> 1789 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> CONSTRUCTION/EQUIPMENT INSPECTION
<b>OWNER NAME:</b> ALDI	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:** None Noted

**General Comments:**

An inspection was performed today of this retail food facility to determine the final construction and equipment installation status. The inspection revealed all refrigeration equipment including refrigerators and freezers were fully functional and holding required cold holding temperatures.

The general retail store area including food storage shelving and the back food storage areas were observed in good condition.

Both restrooms were properly equipped and operational. Hot water supply is tempered. However, hot water was readily provided to both restrooms.

The facility has been determined to be compliant with the State Food Code operational requirements and is approved for opening upon submittal of a retail food facility permit application and payment of the applicable fee.

<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:

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

*Luis Flores - REHS*

Agency Representative

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