



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

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



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<b>FACILITY NAME:</b> GOLDEN NUTRI CLUB	<b>BUSINESS PHONE:</b> (559) 386-1038	<b>RECORD ID#:</b> PR0008536	<b>DATE:</b> August 29, 2013
<b>FACILITY SITE ADDRESS:</b> 504 S 4TH AVE B	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> GRACIELA S. VARGAS	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<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:** 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.

<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:

Lee Johnson - REHS

Agency Representative

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<b>FACILITY NAME:</b> GOLDEN NUTRI CLUB	<b>BUSINESS PHONE:</b> (559) 386-1038	<b>RECORD ID#:</b> PR0008536	<b>DATE:</b> October 16, 2012
<b>FACILITY SITE ADDRESS:</b> 504 S 4TH AVE B	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> GRACIELA S. VARGAS	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Water must be running in the dipper well when the ice cream scoop is in the well. Otherwise wash after each use.

General Comments:

Smoothie, shaved ice, ice cream and packaged food sales only. Store was noted to be clean and well maintained today. Hand sinks were fully stocked. Refrigeration temperatures were 41 F or less. 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

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