



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> ACE LIQUOR	<b>BUSINESS PHONE:</b> (559) 584-4008	<b>RECORD ID#:</b> PR0000599	<b>DATE:</b> August 16, 2016
<b>FACILITY SITE ADDRESS:</b> 756 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RAFIG A SALEH	<b>CERTIFIED FOOD MANAGER:</b> N/A	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Susan Lee-Yang - 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:** Observed mildew accumulation on the interior flap of ice machine. Ensure regular cleaning occurs to prevent accumulation.

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

**Description/Corrective Action:** Ensure proper liquid hand soap is provided in the restroom. This violation was noted on the previous inspection as well.

Ensure paper towel dispenser is stocked at all times.

**General Comments:**

All cold holding units were noted satisfactory.

Observed all food products stored off the ground.

Please correct today's noted violations to prevent further enforcement.

<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input checked="" 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: \_\_\_\_\_

Susan Lee-Yang - REHS

Agency Representative

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



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### FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> ACE LIQUOR	<b>BUSINESS PHONE:</b> (559) 584-4008	<b>RECORD ID#:</b> PR0000599	<b>DATE:</b> August 06, 2015
<b>FACILITY SITE ADDRESS:</b> 756 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RAFIG A SALEH	<b>CERTIFIED FOOD HANDLER:</b> N/A	<b>EXP DATE:</b>	<b>INSPECTOR:</b> ABEL SIMON

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 make sure to provide pump soap for the restroom.

**General Comments:**

Cold holding units were noted at being below 41°F.  
General floor area was observed to be in satisfactory condition.  
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> N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By:

ABEL SIMON

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> ACE LIQUOR	<b>BUSINESS PHONE:</b> (559) 584-4008	<b>RECORD ID#:</b> PR0000599	<b>DATE:</b> July 30, 2014
<b>FACILITY SITE ADDRESS:</b> 756 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> 1ST FOLLOW UP INSPECTION
<b>OWNER NAME:</b> RAFIG A SALEH	<b>CERTIFIED FOOD HANDLER:</b> N/A	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Susan Lee-Yang - 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:

A follow-up re-inspection was performed today of this facility to verify compliance with required corrective actions for violations noted on the last routine inspection. The following was noted during today's inspection:

- Hot water was available in the restroom.
- Interior lid of ice machine was free of mildew.

Thank you for your cooperation in resolving these issues.

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:

Susan Lee-Yang - REHS

Agency Representative

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