



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: DOLLAR TREE #1246	BUSINESS PHONE: (916) 349-7221	RECORD ID#: PR0004409	DATE: September 29, 2016
FACILITY SITE ADDRESS: 1818 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DOLLAR TREE STORES, INC	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: 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: SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]

Description/Corrective Action: Observed and removed the following cans due to being severely dented: -2 cans of 24 oz Hunts Traditional Pasta Sauce -4 cans of 6 oz Pampa Ripe Olives Ensure dented and/or bloated canned food items are removed from sales shelf and not sold to customers.

General Comments:

Restroom has hot water, soap and paper towels.

Observed food products stored off the ground.

RESULTS OF EVALUATION: [X] PASS [] NEEDS IMPROVEMENT [] FAIL

Reinspection Required: Yes: [] No: [X]

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

Handwritten signature of the facility representative.

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

FACILITY NAME: DOLLAR TREE #1246	BUSINESS PHONE: (916) 349-7221	RECORD ID#: PR0004409	DATE: September 22, 2015
FACILITY SITE ADDRESS: 1818 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DOLLAR TREE STORES, INC	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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: SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]

Description/Corrective Action: Operator voluntarily discarded 1 can of Carey jalapeno peppers and 1 can of Pama large pitted olives.

General Comments:

Store sells prepackaged canned and dry foods.

Please clean up spilled rice and dry pasta that was observed on the shelf.

General store area was noted to be well maintained.

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:

ABEL SIMON

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DOLLAR TREE #1246	BUSINESS PHONE: (916) 349-7221	RECORD ID#: PR0004409	DATE: September 26, 2014
FACILITY SITE ADDRESS: 1818 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DOLLAR TREE INC	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Government Intern

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: Restroom was missing soap. Please remember to have soap dispenser filled.

Violation: SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]

Description/Corrective Action: Removed three Garbanzo beans and one while charro beans cans from shelf due to excessive denting. Please remove cans that are excessive dented from shelves.

General Comments:

Floors were observed to be clutter free.
 Thank you.
 This facility was inspected by government intern Abel Simon.

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:

Received By: _____

Government Intern
 Agency Representative

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