



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: GENERAL NUTRITION CENTER #5177	BUSINESS PHONE: (412) 288-4662	RECORD ID#: PR0000314	DATE: December 21, 2015
FACILITY SITE ADDRESS: 1675 W LACEY BLVD SP4	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GENERAL NUTRITION CORPORATION	CERTIFIED FOOD HANDLER: 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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Ensure liquid soap for hand washing is stocked at all times.

General Comments:

Observed all products stored off the ground.

Reach-in refrigerator was noted at 36F.

Facility is in satisfactory operating condition.

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

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: GENERAL NUTRITION CENTER #5177	BUSINESS PHONE: (412) 288-4662	RECORD ID#: PR0000314	DATE: February 18, 2015
FACILITY SITE ADDRESS: 1675 W LACEY BLVD SP4	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GENERAL NUTRITION CORPORATION	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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:

No open product.

Restroom was well maintained.

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:

Yatee Patel - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: GENERAL NUTRITION CENTER #5177	BUSINESS PHONE: (412) 288-4662	RECORD ID#: PR0000314	DATE: February 05, 2014
FACILITY SITE ADDRESS: 1675 W LACEY BLVD SP4	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GENERAL NUTRITION CORPORATION	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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:

Re-stock paper towels in restroom.

Only pre-packaged items.

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:
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Yatee Patel - REHS

Received By: _____

Agency Representative _____

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