



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: HARMAN STAR MART	BUSINESS PHONE: (559) 271-9848	RECORD ID#: PR0005334	DATE: February 05, 2016
FACILITY SITE ADDRESS: 1702 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AVTAR SINGH	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Veronica Ochoa -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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The facility currently does not have proof of a certified food manager. As a result, someone from the facility must take and pass the food manager's course within 60 days. Proof of the certification must be presented to our Department when the certificate has been obtained.

General Comments:

Restrooms were stocked with soap, paper towels, and hot water. Cold holding units measured at or below 41F. Burritos in the facility's hot holding unit measured between 167-170F.

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:

Avtar Singh

Veronica Ochoa -REHS

Received By: _____

Agency Representative _____

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: HARMAN STAR MART	BUSINESS PHONE: (559) 271-9848	RECORD ID#: PR0005334	DATE: February 04, 2015
FACILITY SITE ADDRESS: 1702 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AVTAR SINGH	CERTIFIED FOOD HANDLER: Chattan Kaur	EXP DATE: 11/2/2014	INSPECTOR: 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:

All hot holding food was observed to be at satisfactory temperature.
Restroom had hot running warer . Recommend single serving paper towels.
Please be sure to clean and Sanitize all soda nosils daily.
Overall food facility was in good condition.

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:
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Sanja Jeyssi

Vikram Singh

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: HARMAN STAR MART	BUSINESS PHONE: (559) 271-9848	RECORD ID#: PR0005334	DATE: October 01, 2014
FACILITY SITE ADDRESS: 1702 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AVTAR SINGH	CERTIFIED FOOD HANDLER: Chattan Kaur	EXP DATE: 11/2/2014	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: None Noted

General Comments:

All hot holding temperatures noted at 135°F or above.
Restrooms were fully equipped with soap, hot water and paper towels.
Facility is overall in good condition.
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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:
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Signature of Government Intern

Government Intern

Received By:

Agency Representative

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