



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: HARRODS MARKET	BUSINESS PHONE: (559) 909-0310	RECORD ID#: PR0006003	DATE: September 20, 2016
FACILITY SITE ADDRESS: 112 E SIXTH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: H ALI TALBANI	CERTIFIED FOOD MANAGER: N/A	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: None Noted

General Comments:

Restroom has hot water, soap and paper towels.
Cold holding units were noted satisfactory at time of inspection.
Observed food products stored off the ground.
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:

Susan Lee-Yang - 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: HARRODS MARKET	BUSINESS PHONE: (559) 909-0310	RECORD ID#: PR0006003	DATE: September 21, 2015
FACILITY SITE ADDRESS: 112 E SIXTH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: H ALI TALBANI	CERTIFIED FOOD HANDLER: N/A	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: None Noted

General Comments:

Cold holding units were noted satisfactory.
Restroom had hot water, soap and paper towels.
Facility is in satisfactory operating 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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Susan Lee-Yang - REHS

Agency Representative _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: HARRODS MARKET	BUSINESS PHONE: (559) 589-1240	RECORD ID#: PR0006003	DATE: September 09, 2014
FACILITY SITE ADDRESS: 112 E SIXTH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: H ALI TALBANI	CERTIFIED FOOD HANDLER: N/A	EXP DATE:	INSPECTOR: Kimberly Schneider

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: Please place scooper inside container and not directly on top of ice machine.

General Comments:

- Cold holding noted at 41° F and below.
- Soda nozzles clean at time of inspection.
- Employee restroom fully stocked with soap, paper towels and warm water.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Kimberly Schneider

Received By:

Agency Representative

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