



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: OAK WELLNESS CENTER	BUSINESS PHONE: (559) 582-4481 Ext. 2025	RECORD ID#: PR0008349	DATE: October 11, 2016
FACILITY SITE ADDRESS: 1393 BAILEY DR	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: OAK WELLNESS CENTER	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: None Noted

General Comments:

- Hand wash station has hot water, soap and paper towels.
- Cold holding unit was noted at 30F.
- Only drinks, prepackaged burritos and candies are sold. Burritos are heated in the microwave.
- Observed facility clean and well maintained.

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

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: OAK WELLNESS CENTER	BUSINESS PHONE: (559) 582-4481 Ext. 2025	RECORD ID#: PR0008349	DATE: October 05, 2015
FACILITY SITE ADDRESS: 1393 BAILEY DR	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: OAK WELLNESS CENTER	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: None Noted

General Comments:

Hand washing station has hot water, soap and paper towels.

Facility sells prepackaged snacks, drinks and burritos (which are heated in the microwave).

Refrigerator was noted at 32F.

Facility is in good 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

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: N & R MARKET	BUSINESS PHONE: (559) 707-9064	RECORD ID#: PR0000202	DATE: October 03, 2014
FACILITY SITE ADDRESS: 11998 S 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: NOORA AHMED MOHAMED	CERTIFIED FOOD HANDLER: N/A	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: None Noted

General Comments:

Cold holding temperatures noted at 41° F or below.

Items organized and tabled. Overall facility was in excellent condition.

This facility was inspected by government intern Abd Simon.

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:

Government Intern

Received By:

Agency Representative

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