



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: PORT OF SUBS	BUSINESS PHONE: (559) 212-8323	RECORD ID#: PR0000595	DATE: September 27, 2016
FACILITY SITE ADDRESS: 729 W LACEY BLVD 2	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: REBECCA HITCHRICK	CERTIFIED FOOD MANAGER: GLENN HITCHRICK	EXP DATE: 1/25/2022	INSPECTOR: Liliana Stransky - 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: IMPROPER COLD HOLDING TEMPERATURE(S)

[HSC 113996]

Description/Corrective Action: The deli meat and cheese holding bins along the prep line were noted above 41F. The lowest temperature for the deli meats was observed at 46F. Lower the thermostat of the unit and maintain cold foods at or below 41F at all times, even with frequent opening and closing the lids of the unit.

General Comments:

Please correct the noted temperature violation in a timely manner.

The hand washing station was noted fully stocked with soap, paper towels and hot water was also available. Keep the paper towels inside the dispenser.

The refrigeration units, except the one noted on the violation above, were observed at or below 41F.

The restroom facility was noted clean and 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:

Liliana Stransky - 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: PORT OF SUBS	BUSINESS PHONE: (559) 212-8323	RECORD ID#: PR0000595	DATE: February 09, 2016
FACILITY SITE ADDRESS: 729 W LACEY BLVD 2	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: REBECCA HITCHRICK	CERTIFIED FOOD HANDLER: TIFFANY MALONEY	EXP DATE: 6/18/2016	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed meat inside reach in refrigerator by food preparation area not being protected from contamination. Make sure to place an appropriate cover on meat to prevent cross contamination. Thank you.

General Comments:

Hand wash station and restroom had hot water, paper towels and soap.

Cold holding units were at or below 41F.

Observed dry food products above floor 6 inches.

This inspection was conducted by government intern Evelyn Elizalde.

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:

Math Don

Received By: _____

Government Intern

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: PORT OF SUBS	BUSINESS PHONE: (559) 212-8323	RECORD ID#: PR0000595	DATE: August 04, 2015
FACILITY SITE ADDRESS: 729 W LACEY BLVD 2	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: REBECCA HITCHRICK	CERTIFIED FOOD HANDLER: TIFFANY MALONEY	EXP DATE: 6/18/2016	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 and hand wash station had hot water, soap and paper towels.
- Cooling holding units were noted at or below 41F.
- Chlorine sanitizer bucket was noted at 100 ppm.
- Observed employees handling food wearing disposable gloves.
- Facility is organized and 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:
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Rebecca Hitchrick

Received By: _____

Susan Lee-Yang - REHS

Agency Representative _____

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