



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

<b>FACILITY NAME:</b> RITE-AID #5796	<b>BUSINESS PHONE:</b> (559) 584-1896	<b>RECORD ID#:</b> PR0000518	<b>DATE:</b> December 02, 2016
<b>FACILITY SITE ADDRESS:</b> 707 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> THRIFTY PAYLESS INC	<b>CERTIFIED FOOD MANAGER:</b> Billie J Salazar	<b>EXP DATE:</b> 2/2/2016	<b>INSPECTOR:</b> 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:

Food temperatures in reach in are electronically monitored.

All foods observed above ground.

FIFO is practiced.

Restroom ( woman ) was satisfactory.

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

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



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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> RITE-AID #5796	<b>BUSINESS PHONE:</b> (559) 584-1896	<b>RECORD ID#:</b> PR0000518	<b>DATE:</b> January 09, 2015
<b>FACILITY SITE ADDRESS:</b> 707 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> THRIFTY PAYLESS INC	<b>CERTIFIED FOOD HANDLER:</b> Billie J Salazar	<b>EXP DATE:</b> 2/2/2016	<b>INSPECTOR:</b> ABEL SIMON

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:** Men's restroom missing paper towels. Corrected on site.

**General Comments:**

All cold holding temperatures noted at 41°F or below.  
Overall facility is organized and well maintained.  
Thank you.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> <b>Reinspection Date (on or after):</b> N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By:

ABEL SIMON

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> RITE-AID #5796	<b>BUSINESS PHONE:</b> (559) 584-1896	<b>RECORD ID#:</b> PR0000518	<b>DATE:</b> January 21, 2014
<b>FACILITY SITE ADDRESS:</b> 707 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> THRIFTY PAYLESS INC	<b>CERTIFIED FOOD HANDLER:</b> Joshua C Roach	<b>EXP DATE:</b> 6/12/2014	<b>INSPECTOR:</b> 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:** Observed soap and paper towel dispensers in women's restroom broken. Please repair/replace dispensers.

**General Comments:**

All cold holding units were noted below 41° F.

Observed all food products stored off the ground.

Facility is organized 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:

Susan Lee-Yang - REHS

Received By:

Agency Representative

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