



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><br>TARGET STORE - T - 1906 | <b>BUSINESS PHONE:</b><br>(559) 582-9298        | <b>RECORD ID#:</b><br>PR0006544 | <b>DATE:</b><br>March 23, 2016                |
| <b>FACILITY SITE ADDRESS:</b><br>140 N 12TH AVE  | <b>CITY:</b><br>HANFORD                         | <b>ZIP CODE:</b><br>93230       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>TARGET STORE - T - 1906    | <b>CERTIFIED FOOD HANDLER:</b><br>Not Specified | <b>EXP DATE:</b>                | <b>INSPECTOR:</b><br>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:

All pre-packaged foods are rotated and managers enforce the FIFO method.

All cold holding units are electronically monitored.

Over all floor and all food products were in good condition.

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:

Yatee Patel - REHS

Received By:

Agency Representative

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



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|--|---|---------------------------------|---|
| <b>FACILITY NAME:</b><br>TARGET STORE - T - 1906 | <b>BUSINESS PHONE:</b><br>(559) 582-9298        | <b>RECORD ID#:</b><br>PR0006544 | <b>DATE:</b><br>September 02, 2015            |
| <b>FACILITY SITE ADDRESS:</b><br>140 N 12TH AVE  | <b>CITY:</b><br>HANFORD                         | <b>ZIP CODE:</b><br>93230       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>TARGET STORE - T - 1906    | <b>CERTIFIED FOOD HANDLER:</b><br>Not Specified | <b>EXP DATE:</b>                | <b>INSPECTOR:</b><br>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:

All dry and prepackaged area was nicely organized.

All cold holding unit were satisfactory and all thermostats are electronically monitored.

Back storage area was satisfactory.

Over all food facility was in good condition.

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:

Received By:

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**FOOD SAFETY EVALUATION REPORT**

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|--|---|---------------------------------|---|
| <b>FACILITY NAME:</b><br>TARGET STORE - T - 1906 | <b>BUSINESS PHONE:</b><br>(559) 582-9298        | <b>RECORD ID#:</b><br>PR0006544 | <b>DATE:</b><br>October 01, 2014              |
| <b>FACILITY SITE ADDRESS:</b><br>140 N 12TH AVE  | <b>CITY:</b><br>HANFORD                         | <b>ZIP CODE:</b><br>93230       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>TARGET STORE - T - 1906    | <b>CERTIFIED FOOD HANDLER:</b><br>Not Specified | <b>EXP DATE:</b>                | <b>INSPECTOR:</b><br>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 cold holding temperatures noted at 41°F or less.

All food products stored and organized properly.

Restrooms were fully stocked with soap, hot water and paper towels.

Observed one baby food item pouch that was expired, operator voluntarily discarded item. Please make sure to monitor any other items that may be close to expiring.

Overall facility was in excellent condition.

Thank you.

This facility was inspected by government intern Abel Simon.

|   |  |
|---|--|
| <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> <u>          N/A          </u><br><input type="checkbox"/> Potential Food Safety All Star: |

\_\_\_\_\_  
 Received By:

\_\_\_\_\_  
*Government Intern*  
 Agency Representative

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