



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: K & H LIQUOR, FOOD, AND GAS	BUSINESS PHONE: (559) 924-8706	RECORD ID#: PR0000526	DATE: October 14, 2016
FACILITY SITE ADDRESS: 49 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KARAM BANGAR	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Troy Hommerding-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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Ice machine was observed with mildew/mold accumulation on the inside walls and inside top of the ice bin. Please clean.

Walk in refrigeration unit was observed with mildew accumulation on the inside ceiling by both cooling units, please clean.

Condensate drain for the walk in refrigeration unit was observed with debris in the floor sink. Please clean.

General Comments:

All cold holding temperatures were measured at or below 41°F. Deli case measured at 35°F.

Employee restroom was observed fully stocked today.

General retail sales area was observed in satisfactory 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:

Troy Hommerding-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: K & H LIQUOR, FOOD, AND GAS	BUSINESS PHONE: (559) 924-8706	RECORD ID#: PR0000526	DATE: September 16, 2016
FACILITY SITE ADDRESS: 49 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KARAM BANGAR	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Abel Simon - 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 reach in and walk-in unit were measured to be at or below 41°F.

All dry foods were observed to be above the floor and well organized.

Restroom was observed to be fully stocked.

Facility is limited in sales to pre packaged foods and drinks.

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:

Abel Simon - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: K & H LIQUOR, FOOD, AND GAS	BUSINESS PHONE: (559) 924-8706	RECORD ID#: PR0000526	DATE: February 23, 2016
FACILITY SITE ADDRESS: 49 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KARAM BANGAR	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Abel Simon - 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 to be holding below 41°F.
 General floor sales area was noted to be organized.
 Self serve cold drinks area was well maintained.
 Restroom was observed to be fully stocked.
 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:

Karam Bangar

Abel Simon - REHS

Received By: _____

Agency Representative _____

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