



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: DOLLAR GENERAL STORE #13577	BUSINESS PHONE: (615) 855-4000	RECORD ID#: PR0008994	DATE: December 14, 2016
FACILITY SITE ADDRESS: 1802 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DOLGEN CORP, LLC	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Vikram Manke

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: SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]

Description/Corrective Action: Five cans of food items were excessively dented. Operator volunteered to discard the damaged cans. Please monitor the condition of the cans before placing them on the shelves.

Violation: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: The paper towels dispenser is broken in mens restroom. Please repair.
The womens restroom was not accessible due to a missing key to the lock. Please obtain a key or install new locks on the restroom.

General Comments:

All food items were stored six inches above the floor.
Refrigerators were measured at satisfactory temperatures per state law.

Please fix the above noted violations.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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: _____

Vikram Manke

Agency Representative _____

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DOLLAR GENERAL STORE #13577	BUSINESS PHONE: (615) 855-4000	RECORD ID#: PR0008994	DATE: June 10, 2016
FACILITY SITE ADDRESS: 1802 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DOLGEN CORP, LLC	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: SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]

Description/Corrective Action: The following food items were voluntarily discarded at the time of inspection due to excessive denting and expired items:

- 1 Clover Valley Cream of Mushroom (10.5 OZ)
- 1 Campbells Cream of Potato (14.75 OZ)
- 2 Gerber Good Start Gentle Milk Based Powered containers (12.7 OZ)

Please make sure to routinely canned and baby food products for excessive dents and expiration dates.

General Comments:

General floor sales area was noted to be organized and well maintained.

The cold holding refrigeration unit was noted to be below 41°F.

Restrooms were observed to be fully stocked.

The back warehouse storage area was observed to not have holes in the wall. Thank you for repairing this area.

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): _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Abel Simon - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DOLLAR GENERAL STORE #13577	BUSINESS PHONE: (615) 855-4000	RECORD ID#: PR0008994	DATE: May 09, 2016
FACILITY SITE ADDRESS: 1802 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: DOLGEN CORP, LLC	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:

A follow-up re-inspection was performed today of this facility to verify compliance with required corrective actions for violations noted on the last routine inspection or re-inspection. The following was noted during today's inspection:

The wall in the warehouse section of the facility had holes in it. Manager was able to provide repair request on line between this facility and the corporate office indicating repair is scheduled to be repaired. Repair request indicated final quote for repair had been conducted on May 9, 2016. No re-inspection will be conducted. Please make sure the walls have been repaired by the next routine inspection.

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

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