

## **County of Kings - Department of Public Health**

Environmental Health Serivces 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:		BUSINESS PHONE:		<b>RECORD ID#:</b> PR0010737				
IRWIN CORNER STORE		(559) 589-4939						_
FACILITY SITE ADDRESS: 502 N IRWIN ST					ISPECTION TYPE:			
		HANFORD 93230		ROUTINE INSPECTION				
OWNER NAME:		CERTIFIED FOOD MANA			INSPECTOR:	- DEU	0	
IRWIN STREET CORNER STORE		PARDEEP SINGH 7/12/2022 Veronica Ocho				a -REH:	s 	
The items (if any) listed below identify the violation One reinspection will be conducted (if needed) at								
Violation: NO CURRENT CERTIFIED	Y PERSON ON STAF	STAFF [HSC 113947-113947.6]						
Description/Corrective Action:	e facility's food manager certification expired in July 2022. If the as expired, please take and pass a certified food manager course within ays. When the certificate has been obtained, please submit a copy to our							
Violation: IMPROPER MAINTENANC	ASH FACILITIES	TIES [HSC 113953 - 113593.2]						
Description/Corrective Action: The hand wash station in the kitchen turned on. Please correct this issue as				n area abruptly shuts off when the hot water is as soon as possible.				
General Comments:								
Chicken, burritos, corn dogs, mashed 140F. The facility's exhaust hood was noted Please correct the noted violations in	I to have been	recently serviced.	e facility's ho	t hold unit meas		 ::	No:	[X]
RESULTS OF EVALUATION: X PAS	DS IMPROVEMENT	FAIL	Reinspection I	Nate (on or after):		N/A		
		<del></del>	Reinspection Date (on or after): N/A  Potential Food Safety All Star:					
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1,	•							
		Veronica Ochoa -REHS						
Received By:	-		Agency Representative					
NOTE	This report r	nust be made availa	hle to the nu	iblic on request				
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