



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: CHASE INC. - K.C. 76	BUSINESS PHONE: (559) 277-2828	RECORD ID#: PR0000427	DATE: November 22, 2016
FACILITY SITE ADDRESS: 27574 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: BOB SHIRALIAN	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: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: The nozzles of the soda machine had mildew. Please clean the nozzles frequently to avoid accumulation of mildew.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The ambient temperature in the area of the walk-in cooler, where perishable items were stored, was measured at 52 F. One prepackaged milk bottle was opened to check the temperature, which was measured at 51 F. One cooling fan in this unit was not working. Operator stated the fan has been out of service since yesterday. Operator was asked to immediately discard all the perishable items (milk, sandwiches etc). Please do not store more perishable items until the unit is fixed.

General Comments:

Hand wash station had soap paper towels.

Please fix the above noted violations. A reinspection shall be conducted on or after December 5, 2016 to confirm compliance with the above noted violations. If any additional reinspections are required, your facility shall be billed \$225 for each subsequent inspection.

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:

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: CHASE INC. - K.C. SHELL	BUSINESS PHONE: (559) 277-2828	RECORD ID#: PR0000419	DATE: August 04, 2016
FACILITY SITE ADDRESS: 25712 WARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: BOB SHIRALIAN	CERTIFIED FOOD MANAGER: Farzaneh Birgani	EXP DATE: 4/18/2019	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: Walk in refrigeration unit, one of the cooling units is leaking condensate onto the floor. A waste bucket was observed catching the leaking condensate from the cooling unit. The bucket was full of condensate waste and over flowing onto the walk in floor causing a pool of standing water. Please repair.

General Comments:

Restroom were observed stocked today. All cold holding temperatures were below 41F. Please correct the observed violation and contact our office when completed.

RESULTS OF EVALUATION: [X] PASS [] NEEDS IMPROVEMENT [] FAIL

Reinspection Required: Yes: [] No: [X]

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

Troy Hommerding-REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CHASE INC. - K.C. SHELL	BUSINESS PHONE: (559) 277-2828	RECORD ID#: PR0000419	DATE: January 28, 2016
FACILITY SITE ADDRESS: 25712 WARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: BOB SHIRALIAN	CERTIFIED FOOD HANDLER: Farzaneh Birgani	EXP DATE: 4/18/2019	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:

All cold holding units were noted to be below 41°F.

Restrooms were observed to be fully stocked.

General floor sales area of dry foods is limited.

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:

Bulder

Received By:

Abel Simon - REHS

Agency Representative

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