



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: BROCK'S CHEVRON SERVICE CENTER	BUSINESS PHONE: (559) 582-4231	RECORD ID#: PR0009211	DATE: September 22, 2016
FACILITY SITE ADDRESS: 705 W GRANGEVILLE BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TIM BROCK	CERTIFIED FOOD MANAGER: N/A	EXP DATE:	INSPECTOR: Luis Flores - 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 FOOD TEMPERATURE MONITORING [HSC 113998 & 114000]

Description/Corrective Action: Facility staff need to pay more attention to refrigeration temperature monitoring as evidenced by the walk-in box cooler issue.

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

Description/Corrective Action: The walk-in box cooler temperature was monitored at 58 F upon initial check. However, by the end of the inspection the temperature had fallen to 47 F. A maximum temperature of 41 F is acceptable for potentially hazardous foods including refrigerated luncheon foods and dairy products.

General Comments:

Other than the walk-in box cooler temperature issue, the condition was determined to be in very good operational condition.

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:

[Handwritten signature]

Received By:

Luis Flores - 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: BROCK'S CHEVRON SERVICE CENTER	BUSINESS PHONE: (559) 582-4231	RECORD ID#: PR0009211	DATE: September 11, 2015
FACILITY SITE ADDRESS: 705 W GRANGEVILLE BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TIM BROCK	CERTIFIED FOOD HANDLER: N/A	EXP DATE:	INSPECTOR: Luis Flores - 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:

The facility refrigerated food holding temperature was monitored at an approved 39 F a few degrees below the required temp of 41 F.

The facility was determined to be well maintained and operated.

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:

Sham

Luis Flores - REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BROCK'S CHEVRON SERVICE CENTER	BUSINESS PHONE: (559) 582-4231	RECORD ID#: PR0009211	DATE: September 15, 2014
FACILITY SITE ADDRESS: 705 W GRANGEVILLE BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TIM BROCK	CERTIFIED FOOD HANDLER: N/A	EXP DATE:	INSPECTOR: Luis Flores - 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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Hot water supply was either not functional or readily available at all points of use after checking flow for extended time periods. Have this corrected immediately.

Of note, this facility does not participate in food preparation activities.

Violation: OTHER PERMIT VIOLATION

Description/Corrective Action: A half gallon carton of Crystal brand whole milk was observed with an expired sell by date of 9-11-14. The product was pulled from sale. A few other similar products (2%) had sell by dates of 9-16-14. The milk supplier is scheduled for a visit in two days. Please pull the other referenced products by no later than tomorrow.

Violation: OTHER PERMIT VIOLATION

Description/Corrective Action: The interior top of the ice machine requires soap and sanitizer cleaning due to some minor build-up of calcium and slime deposits.

General Comments:

Have the above noted violations corrected ASAP. Contact the Department at 584-1411 to notify when all corrections have been completed.

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:

Luis Flores - REHS

Agency Representative

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