



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: 7-ELEVEN INC. #16373	BUSINESS PHONE: (559) 924-3712	RECORD ID#: PR0000168	DATE: January 09, 2017
FACILITY SITE ADDRESS: 1110 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: 7-ELEVEN INC.	CERTIFIED FOOD MANAGER: SUKHDARSHAN SINGH	EXP DATE: 8/31/2017	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:

All monitored hot and cold food temperatures met Cal Code temperature holding requirements.

The facility was observed in very good operational condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: 7-ELEVEN #2368-16373C	BUSINESS PHONE: (559) 924-3712	RECORD ID#: PR0000168	DATE: July 26, 2016
FACILITY SITE ADDRESS: 1110 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUKHDARSHA SINGH / KULWINDER KAUR	CERTIFIED FOOD MANAGER: SUKHDARSHAN SINGH	EXP DATE: 8/31/2017	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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Observed the hand wash sink in front of the cashier register box to be missing paper towels. Please make sure to keep this unit stocked at all times. This was corrected during the inspection.

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

Description/Corrective Action: Observed the paper towel dispenser to be missing paper towels. Please make sure to keep this unit stocked at all times. This was corrected during the inspection.

Violation: IMPROPER HANDWASHING PROCEDURES BY FOODHANDLERS [HSC 113953-113953.4]

Description/Corrective Action: Observed employee handling money and then wearing gloves to hand food to a customer. Please remember to wash hands in between handling food and any other practice. This was brought to the attention of the store owner.

General Comments:

All temperatures for both hot and cold holding units were noted to be within acceptable range.

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

Items in the walk-in refrigerator were above the floor six inches.

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:

Janvinder Singh

Received By:

Abel Simon - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: 7-ELEVEN #2368-16373C	BUSINESS PHONE: (559) 924-3712	RECORD ID#: PR0000168	DATE: January 13, 2016
FACILITY SITE ADDRESS: 1110 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUKHDARSHA SINGH / KULWINDER KAUR	CERTIFIED FOOD HANDLER: SUKHDARSHAN SINGH	EXP DATE: 8/31/2017	INSPECTOR: Yatee Patel - 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: Restroom still has no hot water. Facility may need a water heater. This is the second violation.

General Comments:

Hot and cold holding temperatures were satisfactory.

General store was well maintained.

Thank you

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:

Sukhokam

Yatee Patel - REHS

Received By:

Agency Representative

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