



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

<b>FACILITY NAME:</b> 7-ELEVEN #2368 - 35068A	<b>BUSINESS PHONE:</b> (559) 924-2497	<b>RECORD ID#:</b> PR0008885	<b>DATE:</b> August 03, 2016
<b>FACILITY SITE ADDRESS:</b> 1790 W BUSH ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AMIT GUPTA	<b>CERTIFIED FOOD MANAGER:</b> AMIT GUPTA	<b>EXP DATE:</b> 12/4/2017	<b>INSPECTOR:</b> 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 HANDWASHING PROCEDURES BY FOODHANDLERS [HSC 113953-113953.4]

**Description/Corrective Action:** Observed attendant to be handling money then serving customers foods with out washing hands. Please note that hand washing is required before handling food, regardless of a line or heavy flow of customers as stated in Section 13953.3. of the California Retail Food Code. This section states the following: (a) Except as specified in subdivision (b), all employees shall thoroughly wash their hands and that portion, if any, of their arms exposed to direct food contact with cleanser and warm water by vigorously rubbing together the surfaces of their lathered hands and arms for at least 10 to 15 seconds and thoroughly rinsing with clean running water followed by drying of cleaned hands and that portion, if any, of their arms exposed. Employees shall pay particular attention to the areas underneath the fingernails and between the fingers. Employees shall wash their hands in all of the following instances: (11) After engaging in other activities that contaminate the hands.

**General Comments:**

Hand wash station was observed to be fully stocked with hot water, soap, and paper towels.

All cold holding temperatures including the walk-in refrigeration unit and prep table were observed to be holding temperatures below 41°F.

Hot holding temperature of foods in the hot holding unit were observed to be above 135°F.

All dry foods were observed to be above the floor six inches.

Thank you.

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



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<b>FACILITY SITE ADDRESS:</b> 1790 W BUSH ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AMIT GUPTA	<b>CERTIFIED FOOD MANAGER:</b> AMIT GUPTA	<b>EXP DATE:</b> 12/4/2017	<b>INSPECTOR:</b> Abel Simon - REHS

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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 \_\_\_\_\_

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<b>FACILITY NAME:</b> 7-ELEVEN #2368 - 35068A	<b>BUSINESS PHONE:</b> (559) 924-2497	<b>RECORD ID#:</b> PR0008885	<b>DATE:</b> October 12, 2015
<b>FACILITY SITE ADDRESS:</b> 1790 W BUSH ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AMIT GUPTA	<b>CERTIFIED FOOD HANDLER:</b> AMIT GUPTA	<b>EXP DATE:</b> 12/4/2017	<b>INSPECTOR:</b> ABEL SIMON

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 hot holding foods temperatures were noted to be above 135°F.

All cold holding temperatures for both units and the walk-in unit were noted to be below 41°F.

Hand wash station was observed to be fully stocked with hot water, soap, and paper towels.

General floor sales area was observed to be fully stocked.

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:

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<b>FACILITY NAME:</b> 7-ELEVEN #2368 - 35068A	<b>BUSINESS PHONE:</b> (559) 924-2497	<b>RECORD ID#:</b> PR0008885	<b>DATE:</b> April 01, 2015
<b>FACILITY SITE ADDRESS:</b> 1790 W BUSH ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AMIT GUPTA	<b>CERTIFIED FOOD HANDLER:</b> AMIT PUPTA	<b>EXP DATE:</b> 12/4/2017	<b>INSPECTOR:</b> ABEL SIMON

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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 noted at 41°F or below.

All hot holding units noted at 135°F or above.

Hand wash stations were fully stocked with soap, hot water, and paper towels.

Restroom facilities were organized and well maintained.

Overall facility is in satisfactory condition.

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

Agency Representative

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