



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><br>BUSH STREET CHEVRON     | <b>BUSINESS PHONE:</b><br>(559) 593-0475      | <b>RECORD ID#:</b><br>PR0006805 | <b>DATE:</b><br>August 05, 2016               |
| <b>FACILITY SITE ADDRESS:</b><br>25 S 19 1/2 AVE | <b>CITY:</b><br>LEMOORE                       | <b>ZIP CODE:</b><br>93245       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>GUTHRIE & CASTADIO INC     | <b>CERTIFIED FOOD MANAGER:</b><br>APRIL DAVIS | <b>EXP DATE:</b><br>7/9/2017    | <b>INSPECTOR:</b><br>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 COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Observed the cold holding unit to the left of the cashier's area to be holding at 46°F. Food operator stated that this unit goes through a defrost stage. Please make sure to verify that the defrost stage times are known and perform service on this unit if needed.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed there to be slime build up inside the lip of the ice machine. Please empty out all the ice and thoroughly clean this unit.

General Comments:

Apart from the above noted cold holding unit, all other cold holding units were observed to be at or below 41°F.

Restrooms were observed to be fully stocked.

Floor sales area was observed to be organized and well maintained.

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:

*S. Paroli*

Received By:

*Abel Simon - REHS*

Agency Representative

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



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|--|---|---------------------------------|---|
| <b>FACILITY NAME:</b><br>BUSH STREET CHEVRON     | <b>BUSINESS PHONE:</b><br>(559) 593-0475      | <b>RECORD ID#:</b><br>PR0006805 | <b>DATE:</b><br>January 29, 2016              |
| <b>FACILITY SITE ADDRESS:</b><br>25 S 19 1/2 AVE | <b>CITY:</b><br>LEMOORE                       | <b>ZIP CODE:</b><br>93245       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>GUTHRIE & CASTADIO INC     | <b>CERTIFIED FOOD HANDLER:</b><br>APRIL DAVIS | <b>EXP DATE:</b><br>7/9/2017    | <b>INSPECTOR:</b><br>Abel Simon - REHS        |

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.  
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**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Icicles were observed on the plumbing in the walk in freezer. Operator was made aware of the ice forming and stated they have already called a repair person to service inside plumbing.

**General Comments:**

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

The temperatures of the taquitos were noted to be above 135°F.

Restrooms were fully stocked.

General floor sales area was maintained.

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:

*April Davis*

Received By:

*Abel Simon - REHS*

Agency Representative

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FOOD SAFETY EVALUATION REPORT

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD HANDLER, EXP DATE, INSPECTOR.

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 cold holding units was measured at satisfactory temperatures per the state law. Soda nozzles were clean and no mildew was present. Restrooms were clean and they had soap, paper towels, and warm water supply.

Please adjust the tempearture of the hot holding unit. 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:

April Davis (signature)

Vikram Singh

Received By:

Agency Representative

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|--|---|---------------------------------|---|
| <b>FACILITY NAME:</b><br>BUSH STREET CHEVRON     | <b>BUSINESS PHONE:</b><br>(559) 593-0475      | <b>RECORD ID#:</b><br>PR0006805 | <b>DATE:</b><br>July 31, 2014                 |
| <b>FACILITY SITE ADDRESS:</b><br>25 S 19 1/2 AVE | <b>CITY:</b><br>LEMOORE                       | <b>ZIP CODE:</b><br>93245       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>GUTHRIE & CASTADIO INC     | <b>CERTIFIED FOOD HANDLER:</b><br>APRIL DAVIS | <b>EXP DATE:</b><br>7/9/2017    | <b>INSPECTOR:</b><br>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 refrigerated food temperatures and hot warming food temperatures monitored were in compliance with the State Food Code.

The retail convenience food facility was observed in excellent operational condition.

|   |  |
|---|--|
| <b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL | <b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/><br><b>Reinspection Date (on or after):</b> N/A<br><input type="checkbox"/> Potential Food Safety All Star: |
|---|--|

Received By:

Luis Flores - REHS

Agency Representative

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