



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: FLEET RESERVE ASSOCIATION	BUSINESS PHONE: (559) 924-3045	RECORD ID#: PR0000603	DATE: March 29, 2016
FACILITY SITE ADDRESS: 788 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: FLEET RESERVE ASSOCIATION	CERTIFIED FOOD HANDLER: VALERIE J SHARP	EXP DATE: 5/20/2019	INSPECTOR: Veronica Ochoa -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:

Hand wash station was stocked with soap, paper towels, and hot water.
Cold holding units measured at or below 41F.
All employees have valid food handler cards.

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:

Veronica Ochoa -REHS

Agency Representative

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



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OWNER NAME: FLEET RESERVE ASSOCIATION	CERTIFIED FOOD HANDLER: VALERIE J SHARP	EXP DATE: 5/20/2019	INSPECTOR: Veronica Ochoa -REHS

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Violation: None Noted

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water.
Cold holding units measured at or below 41F.
All employees have valid food handler cards.

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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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FLEET RESERVE ASSOCIATION	BUSINESS PHONE: (559) 924-3045	RECORD ID#: PR0000603	DATE: November 15, 2013
FACILITY SITE ADDRESS: 788 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: FLEET RESERVE ASSOCIATION	CERTIFIED FOOD HANDLER: ANTHONY GALLEGOS	EXP DATE: 10/12/2017	INSPECTOR: Veronica Santa Cruz-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 hand wash station in the kitchen area was stocked with soap, paper towels, and hot water.
The walk-in refrigerator, which is the only refrigeration unit used to store potentially hazardous foods, measured at 40F.
The facility's hood was observed functional.

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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Veronica Santa Cruz-REHS

Received By:

Agency Representative

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