



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/health/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BANGAR'S CHEVRON	BUSINESS PHONE: (559) 582-0888	RECORD ID#: PR0007493	DATE: September 27, 2011
FACILITY SITE ADDRESS: 1680 W HANFORD-ARMONA RD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: BANGAR'S PLAZA, INC.	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Mold was observed on the interior ceiling area of the ice machine. Wipe clean the specified area with a bleach solution.

Label ice bags with contact information.

General Comments:

All hot & cold cooking food temperatures monitored today were satisfactory.

Have thermometer easily accessible.

Facility was clean & organized.

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:

[Signature]

Received By: _____

Yatee Patel - 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: BANGAR'S CHEVRON	BUSINESS PHONE: (559) 582-0888	RECORD ID#: PR0007493	DATE: September 17, 2010
FACILITY SITE ADDRESS: 1680 W HANFORD-ARMONA RD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KARAM SINGH BANGAR	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Liliana Stransky - 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: Hand washing with soap and warm water must take place by the operator handling ready to eat foods. Only one person is on site to handle the register, customers and prepare foods. Find a way to practice proper hand washing before handling foods. Operator does use tongs to minimize bare hand contact.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The facility was observed overstocked and crowded, preventing proper cleaning of all surfaces, counters, floors and equipment. The back storage room needs to be uncluttered to prevent infestation of vermin. Hot water is not available at any of the sinks and needs to be provided immediately. Please contact the Department by Monday to indicate that there is hot water available.

General Comments:

Hot holding temperatures were above 135F.
Cold holding temperature were below 41F.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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:

Ashley Lawrence

Liliana Stransky - REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BANGAR'S CHEVRON	BUSINESS PHONE: (559) 584-9783	RECORD ID#: PR0007493	DATE: August 19, 2009
FACILITY SITE ADDRESS: 1680 W HANFORD-ARMONA RD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KARAM SINGH BANGAR	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed ice scoop cracked & taped. Please replace to avoid cross contamination.

General Comments:

- Hot holding foods measured 135 °F or above.
- Cold holding units were 41 °F .
- Handwashing stations in the restrooms were fully stocked.
- Use your thermometer to measure hot holding foods.
- Overall, the food facility appeared in 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:

Q. Shaper

Received By: _____

Yatee Patel - REHS
Agency Representative

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