



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: BROCK'S CHEVRON SERVICE CTR	BUSINESS PHONE: (559) 584-7739	RECORD ID#: PR0004581	DATE: August 11, 2008
FACILITY SITE ADDRESS: 705 W GRANGEVILLE BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TIM BROCK	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Susan Lee-Yang

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:

- Bathrooms were stocked with soap and paper towels.
- Walk-in refrigerator measured at 38° F.
- Reach-in unit storing sandwiches measured at 34° F.
- Please clean/organize back storage room. Observed syrup build-up on floor.
- Facility is in good operating condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Susan Lee

Received By: _____

Susan Lee-Yang

Environmental Health Specialist

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BROCK'S CHEVRON SERVICE CTR	BUSINESS PHONE: (559) 584-7739	RECORD ID#: PR0004581	DATE: February 05, 2008
FACILITY SITE ADDRESS: 705 W GRANGEVILLE BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TIM BROCK	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Yatee Patel

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

Description/Corrective Action:

General Comments:

All cold food temperatures measured today were satisfactory.
Overall, the food facility appeared in good operational condition.

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:

Tim Brock

Signature:

Yatee Patel

Environmental Health Officer

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BROCK'S CHEVRON SERVICE CTR	BUSINESS PHONE: (559) 584-7739	RECORD ID#: PR0004581	DATE: August 06, 2007
FACILITY SITE ADDRESS: 705 W GRANGEVILLE BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TIM BROCK	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Yatee Patel

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

Description/Corrective Action:

General Comments:

All cold food temperatures measured today were satisfactory.

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> </u> N/A <input type="checkbox"/> Potential Food Safety All Star:

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Signature: _____

Yatee Patel

Environmental Health Officer

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