



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

<b>FACILITY NAME:</b> CHASE INC. K.C. EXXON/76	<b>BUSINESS PHONE:</b> (559) 386-0226	<b>RECORD ID#:</b> PR0000427	<b>DATE:</b> February 01, 2012
<b>FACILITY SITE ADDRESS:</b> 27574 BERNARD DR	<b>CITY:</b> KETTLEMAN CITY	<b>ZIP CODE:</b> 93239	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SOHEILA DARCY	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Lee Johnson - 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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Mineral build up was noted in the ice shoots in the soda dispenser. This was cleaned during inspection.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** The paper towel dispenser at the back room sink is jammed. Please clear.

**General Comments:**

All cold temperatures checked today were satisfactory. No hot holding of potentially hazardous foods is occurring. The facility was noted to be generally clean and well maintained today. 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:

*Jose Villapando*

Received By:

*Lee Johnson - REHS*

Agency Representative

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



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<b>FACILITY NAME:</b> CHASE INC. K.C. EXXON/76	<b>BUSINESS PHONE:</b> (559) 386-0226	<b>RECORD ID#:</b> PR0000427	<b>DATE:</b> July 06, 2011
<b>FACILITY SITE ADDRESS:</b> 27574 BERNARD DR	<b>CITY:</b> KETTLEMAN CITY	<b>ZIP CODE:</b> 93239	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SOHEILA DARCY	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Lee Johnson - 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:

Walk in temp was <41F. No hot holding is occurring at this store. All hand sinks were 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:

Lee Johnson - REHS

Received By: \_\_\_\_\_

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<b>FACILITY NAME:</b> CHASE INC. K.C. EXXON/76	<b>BUSINESS PHONE:</b> (559) 386-0226	<b>RECORD ID#:</b> PR0000427	<b>DATE:</b> November 16, 2010
<b>FACILITY SITE ADDRESS:</b> 27574 BERNARD DR	<b>CITY:</b> KETTLEMAN CITY	<b>ZIP CODE:</b> 93239	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SOHEILA DARCY	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Lee Johnson - 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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Please clean the floor sink in the drink corner to remove accumulated debris.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Please provide soap and paper towels to the two compartment sink. Both dispensers were empty.

**General Comments:**

All cold temperatures checked today were appropriate. No hot holding or food preparation is occurring (prepackaged food sales only).

Thank you.

<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"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:

*Nancy*

Received By: \_\_\_\_\_

*Lee Johnson - REHS*

Agency Representative

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