



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: KETTLEMAN CITY MOBIL	BUSINESS PHONE: (559) 386-9142	RECORD ID#: PR0003423	DATE: May 14, 2009
FACILITY SITE ADDRESS: 33300 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: CHHUY K CHAO	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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:

Except for the with-in, which measured 44F today, all violations from the April inspection have been corrected. Please adjust the walk-in thermostat to maintain 41 F or less at all times. 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:

Received By: 

Lee Johnson - 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: KETTLEMAN CITY MOBIL	BUSINESS PHONE: (559) 386-9142	RECORD ID#: PR0003423	DATE: April 10, 2009
FACILITY SITE ADDRESS: 33300 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHHUY K CHAO	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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 COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The walk in refrigerator measured 45F. Please adjust to maintain 41F or less at all times. Install interior handle on refrigerator door to allow it to close from the inside.

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

Description/Corrective Action: The mop sink lacks required backflow prevention. Please provide.

The restrooms are in need of cleaning.

CO2 cylinders were noted unsecured. Please chain to prevent tip over.

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

Description/Corrective Action: The handwash station lacks liquid soap and paper towels. Please provide.

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

Description/Corrective Action: Microwave oven is in need of cleaning. The light bulb in the walk in refrigerator lacks a cover. Please provide.

General Comments:

Reinspection will occur on or after 4/24. Failure to correct ALL violations by that time will result in the need for an additional inspection for which we will bill you \$195 per inspection.

Note: UST monitoring box indicates a fuel alarm in sensor L7. Contact technician immediately for troubleshooting and repair.

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FACILITY SITE ADDRESS: 33300 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHHUY K CHAO	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Lee Johnson - REHS

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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>4/24/2009</u> <input type="checkbox"/> Potential Food Safety All Star:
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Yennie Medina

Received By:

Lee Johnson - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KETTLEMAN CITY MOBIL	BUSINESS PHONE: (559) 386-9142	RECORD ID#: PR0003423	DATE: December 11, 2008
FACILITY SITE ADDRESS: 33300 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHHUY K CHAO	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Lee Johnson

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 PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]

Description/Corrective Action: The faucet on the mop sink lacks aback flow prevention device. Please install. Call if you have questions.

General Comments:

All cold temps checked satisfactory today. No hot holding or food preparation is occurring. 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:

Nancy Genacio

Received By: _____

Lee Johnson

Environmental Health Specialist

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