



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: 7-ELEVEN #2368-16373C	BUSINESS PHONE: (559) 924-3712	RECORD ID#: PR0000168	DATE: September 03, 2009
FACILITY SITE ADDRESS: 1110 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: 7-ELEVEN, INC	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Susan Lee-Yang - 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:

All cold holding units measured at or below 41° F.

Taquitos and hot dogs in warming unit measured above 135°F.

Observed facility 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-Yang - REHS

Received By:

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: 7-ELEVEN #16373	BUSINESS PHONE: (559) 924-3712	RECORD ID#: PR0000168	DATE: March 09, 2009
FACILITY SITE ADDRESS: 1110 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: 7-ELEVEN, INC. GASOLINE ACCTG.	CERTIFIED FOOD HANDLER: J. JUNG	EXP DATE: 8/27/2011	INSPECTOR: Susan Lee-Yang - 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: Observed sanitized towels laying on counter top.

Advised operator to put towels inside sanitizer bucket at all times to prevent bacterial growth on towels.

General Comments:

Taquitos in the warmer measured at 145°F.

Observed restroom well maintained.

Observed hand wash station fully stocked with soap and paper towels.

All cold holding units were noted at or below 41°F.

Facility is in good operating 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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Susan Lee-Yang - REHS

Received By: _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: 7-ELEVEN #16373	BUSINESS PHONE: (559) 924-3712	RECORD ID#: PR0000168	DATE: September 26, 2008
FACILITY SITE ADDRESS: 1110 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: 7-ELEVEN, INC. GASOLINE ACCTG.	CERTIFIED FOOD HANDLER: J.Jung	EXP DATE: 8/27/2011	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

- Description/Corrective Action:**
- Observed soda nozzles with syrup buildup. Please clean nozzles regularly.
 - Observed liquid inside storage unit of the coffee area. Clean area regularly.
 - Observed reach in freezer in the back storage area dirty. Please clean out freezer.

General Comments:

All cold holding units were measured at 41°F or below.
Hot dogs were measured at 165° F.
Maintain in-use towels in a sanitizer bucket.

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:

Susan Lee-Yang

Received By: _____

Environmental Health Specialist

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