



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: FLEET RESERVE ASSOCIATION	BUSINESS PHONE: (559) 924-3045	RECORD ID#: PR0000603	DATE: October 22, 2009
FACILITY SITE ADDRESS: 788 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: FLEET RESERVE ASSOCIATION	CERTIFIED FOOD HANDLER: Joyce A Ausmus	EXP DATE: 9/9/2010	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 ice scoop bucket with debris accumulation. Please clean bucket on routine basis.

Observed floor area by deep fryer with grease accumulation. Please clean area more thoroughly.

Violation: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Observed toilet seat in the smaller stall inside the women's restroom not secured to floor. Please secure toilet seat to floor.

General Comments:

Observed bar area well-maintained.

All cold holding units measured satisfactory at time of inspection.

All handwash facilities were fully stocked.

Please look into installing fly curtains or UV light traps if presence of flies become a problem when doors remain open. Please notify our Department prior to purchasing and installing equipment.

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

Received By:

Susan Lee-Yang - 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: FLEET RESERVE ASSOCIATION	BUSINESS PHONE: (559) 924-3045	RECORD ID#: PR0000603	DATE: October 27, 2008
FACILITY SITE ADDRESS: 788 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: FLEET RESERVE ASSOCIATION	CERTIFIED FOOD HANDLER: Joyce A Ausmus	EXP DATE: 9/9/2010	INSPECTOR: Jeff Taber

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: *Observed grease filter to be excessively dirty. Need to clean grease filters on a regular basis.

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

Description/Corrective Action: *Observed food debris behind handles of the food prep refrigeration unit next to the stove. Clean and sanitize handles on all equipment on a regular basis. Food allowed to stay on handles can harbor bacteria and can come in contact with otherwise clean hands during "ready to eat" food preparation.

General Comments:

*All potentially hazardous foods held in cold storage measured at or below 41° F, good.

*Everything else is 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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Nancy Russell

Jeff Taber

Received By: _____

Environmental Health Specialist

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FLEET RESERVE ASSOCIATION	BUSINESS PHONE: (559) 924-3045	RECORD ID#: PR0000603	DATE: March 05, 2008
FACILITY SITE ADDRESS: 788 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: FLEET RESERVE ASSOCIATION	CERTIFIED FOOD HANDLER: Joyce A Ausmus	EXP DATE: 9/9/2010	INSPECTOR: Troy Hommerding

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: Please clean the accumulation of grease from under the stove and deep-fat fryer.

General Comments:

- Dry storage room is well organized.
- Cold holding temperatures were at the proper regulatory requirements.
- Hand wash sinks and restroom's were noted well stocked.

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:

Joyce Ausmus

Signature: _____

Troy Hommerding

Environmental Health Officer

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