



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: CIRCLE K STORE #2701178	BUSINESS PHONE: (559) 386-5312	RECORD ID#: PR0000509	DATE: December 02, 2011
FACILITY SITE ADDRESS: 428 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CIRCLE K STORES INC	CERTIFIED FOOD HANDLER: Lou Gravelle Jr.	EXP DATE: 7/26/2011	INSPECTOR: Troy Hommerding-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 HOT HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Walkin refrigeration unit Ranged between 57°F and 48°F. The operator stated one of the compressor units is not working properly and that a technician has been called. Please have this unit repaired immediately. A re-inspection will be conducted to verify the repair has been made on 12-5-11.

General Comments:

- All other refrigeration temperatures were satisfactory.
- Hot holding temperatures were at or above 135°F.
- Employee restroom was noted fully stocked today. A new 3-compartment sink has been installed.
- General retail sales area is in good condition.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
	Reinspection Date (on or after): 12/5/2011 <input type="checkbox"/> Potential Food Safety All Star:

Troy Hommerding-REHS
Agency Representative

Received By: _____

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CIRCLE K STORE #2701178	BUSINESS PHONE: (559) 386-5312	RECORD ID#: PR0000509	DATE: December 05, 2011
FACILITY SITE ADDRESS: 428 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: CIRCLE K STORES INC	CERTIFIED FOOD HANDLER: Lou Gravelle Jr.	EXP DATE: 6/28/2016	INSPECTOR: Troy Hommerding-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:

Violations from the previous inspection have been corrected. The walkin refrigeration unit measured below 41°F today.

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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Troy Hommerding-REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CIRCLE K STORE #2701178	BUSINESS PHONE: (559) 386-5040	RECORD ID#: PR0000509	DATE: June 30, 2011
FACILITY SITE ADDRESS: 428 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CIRCLE K STORES INC	CERTIFIED FOOD HANDLER: Lou Gravelle Jr.	EXP DATE: 7/26/2011	INSPECTOR: Troy Hommerding-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:

Handwash sink and restroom were both fully stocked today.
Cold holding temperatures were measured at or below 41°F.
Hot holding temperatures measured at or above 135°F.
General retail sales area was noted in satisfactory 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:
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Received By:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CIRCLE K STORE #2701178	BUSINESS PHONE: (559) 386-5040	RECORD ID#: PR0000509	DATE: December 13, 2010
FACILITY SITE ADDRESS: 428 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CIRCLE K STORES INC	CERTIFIED FOOD HANDLER: Lou Gravelle Jr.	EXP DATE: 7/26/2011	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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Metal tong was noted with contamination. Please clean.

The floor beneath the soda syrup racks is in need of regular cleaning. Also, please clean the interior of the cabinet beneath the soda dispenser to remove dead ants.

General Comments:

All temperatures checked today were satisfactory. All hand wash sinks were fully stocked. 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): _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Lee Johnson - REHS

Agency Representative

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