



**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/ehs

**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> CIRCLE K STORE #2701178	<b>BUSINESS PHONE:</b> (559) 386-5312	<b>RECORD ID#:</b> PR0000509	<b>DATE:</b> October 08, 2018
<b>FACILITY SITE ADDRESS:</b> 428 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CIRCLE K STORES INC	<b>CERTIFIED FOOD MANAGER:</b> Louis Gravelle Jr.	<b>EXP DATE:</b> 6/14/2021	<b>INSPECTOR:</b> Abel Simon - 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 cold holding unit located in front of the coffee machine was observed to be holding an ambient temperature of above 41°F in the top shelf. The food items being stored were noted to be below 41°F. Food handler rearranged the food items so that the air flow would not be restricted. Please be sure to routinely check this equipment and make sure that the arrangement of the foods does not block air flow.

**Violation:** IMPROPER HOT HOLDING TEMPERATURE(S) [HSC 113996]

**Description/Corrective Action:** The hamburgers in the warmer unit were noted to be below 135°F. Operator moved these from the middle shelf as the warming light was observed to be off. Please be sure to replace the lights and refrain from using this unit until the lights have been repaired.

**General Comments:**

Apart from the above noted unit, all other cold holding units were noted to be holding at or below 41°F.

The general floor sales area was observed to be well maintained.

Please be sure to correct the above noted issues in a timely manner.

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:

*Umani [Signature]*

*Abel Simon - REHS*

Received By:

Agency Representative

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



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<b>FACILITY NAME:</b> CIRCLE K STORE #2701178	<b>BUSINESS PHONE:</b> (559) 386-5312	<b>RECORD ID#:</b> PR0000509	<b>DATE:</b> April 04, 2018
<b>FACILITY SITE ADDRESS:</b> 428 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CIRCLE K STORES INC	<b>CERTIFIED FOOD MANAGER:</b> Lou Gravelle Jr.	<b>EXP DATE:</b> 6/14/2021	<b>INSPECTOR:</b> Veronica Ochoa -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: The facility's three compartment sink was observed obstructed with several beverage containers and other debris where the entire sink was inaccessible. It is crucial that the three compartment sink remain unobstructed so that employees may utilize the sink.

General Comments:

Hand wash sink and restroom were stocked with soap, paper towels, and hot water
All cold holding units measured at or below 41F.
Hot dogs and tornadoes in the hot holding units measure at 140F.

RESULTS OF EVALUATION: [X] PASS [ ] NEEDS IMPROVEMENT [ ] FAIL

Reinspection Required: Yes: [ ] No: [X]

Reinspection Date (on or after): N/A

[ ] Potential Food Safety All Star:

[Handwritten signature]

Veronica Ochoa -REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> CIRCLE K STORE #2701178	<b>BUSINESS PHONE:</b> (559) 386-5312	<b>RECORD ID#:</b> PR0000509	<b>DATE:</b> May 03, 2017
<b>FACILITY SITE ADDRESS:</b> 428 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> CONSTRUCTION/EQUIPMENT INSPECTION
<b>OWNER NAME:</b> CIRCLE K STORES INC	<b>CERTIFIED FOOD MANAGER:</b> Lou Gravelle Jr.	<b>EXP DATE:</b> 6/28/2016	<b>INSPECTOR:</b> Luis Flores - 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:

Remodeling of the general store area's front service counter has been completed. The work meets State Food Code final finish requirements. No additional work is needed and is hereby approved for use.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

*R. Boyer*

Received By:

*Luis Flores - REHS*

Agency Representative

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