



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

FACILITY NAME: CHASE INC. - K.C. SHELL	BUSINESS PHONE: (559) 277-2828	RECORD ID#: PR0000419	DATE: November 21, 2022
FACILITY SITE ADDRESS: 25712 WARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: BOB SHIRALIAN	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: SEM HAR GEBREGZIABIHE

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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Repeat violation: Hot water supply is not readily available to either the men's nor women's restrooms. When checking the temperatures, it over 10 minutes for the water to reach 104F. Both restrooms have dual sinks but only one supplies water in each restroom at a time. Try to correct the pressure level as well as the hot water. Failure to properly maintain the temperature in the restroom and/or hand washing sinks can effect the food vending permits for each operating food facility in the building. Maintenance personnel were on site during the time of inspection. The manager stated he would have maintenance personnel look into this matter as soon as possible.

General Comments:

Observations:

Hand washing sink was fully stocked with hot water, soap, and paper towels.

All dry storage was well maintained and placed six inches above the ground.

All refrigeration units were functioning properly at 41F.

All freezer units were functioning properly at 0F and below.

The soda machine was well maintained and clean.

Please correct the above noted violation in a timely manner. Contact the department should you have any questions.

Thank you for your time.

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



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OWNER NAME: BOB SHIRALIAN	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: SEM HAR GEBREGZIABIHE

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.

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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By:

SEM HAR GEBREGZIABIHE

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CHASE INC. - K.C. SHELL	BUSINESS PHONE: (559) 277-2828	RECORD ID#: PR0000419	DATE: January 14, 2022
FACILITY SITE ADDRESS: 25712 WARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: BOB SHIRALIAN	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: 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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Hot water supply is not readily available to either the men's nor women's restrooms. Both restrooms have dual sinks but only one supplies water in each restroom at this time. Additionally, the water pressure at each monitored sink is very low. Try to correct the pressure level as well as the hot water. Failure to properly maintain the restrooms and/or handwash sinks can effect the food vending permits for each operating food facility in the building.

General Comments:

The general store area and walk-in box cooler were satisfactorily organized. The only refrigeration unit storing perishable food is the small True counter top unit storing luncheon type foods. The unit was holding products at 33 F which is fine.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Luis Flores - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CHASE INC. - K.C. SHELL	BUSINESS PHONE: (559) 277-2828	RECORD ID#: PR0000419	DATE: March 24, 2021
FACILITY SITE ADDRESS: 25712 WARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: BOB SHIRALIAN	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Paven Batth

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: Exterior portion of the ice machine in the back storage area is in need of a thorough cleaning. Ensure to clean such equipment on a routine basis.

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

Description/Corrective Action: A can of red bull was observed inside the ice machine in the back storage area. Discontinue such practice. In order to prevent contamination, no food product should be placed inside the ice machine.
Corrective Action Taken: In order to prevent cross contamination, the PIC (person-in-charge) removed the can of red bull and ice from the ice machine.

General Comments:

Cold holding units were noted below 41F.
The general sales area of the convenience store was observed to be fairly maintained. All food product was stored 6 inches above the ground.
Facility restrooms were fully stocked. Proper supply of hot and cold running water was available as well.
Other Comments: In response to the COVID-19 pandemic, please implement the State (CDPH) guidelines (i.e., maintain a physical distance of 6 feet between individuals, use EPA-approved disinfectants, etc) with your business. In order to help mitigate the spread of COVID-19 (i.e., increase the risk of exposure), a signature was not obtained. The inspection report will be emailed to the facility's point of contact.

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> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:
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