



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: 7-ELEVEN INC. #16373	BUSINESS PHONE: (559) 924-3712	RECORD ID#: PR0000168	DATE: January 04, 2023
FACILITY SITE ADDRESS: 1110 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: 7-ELEVEN INC.	CERTIFIED FOOD MANAGER: SUKHDARSHAN SINGH	EXP DATE: 2/12/2023	INSPECTOR: Liliana Stransky - 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 BIG GULP drink dispenser leaks and overflows on the ground. Do not use this dispenser until it is repaired. The leaks on the ground need to be cleaned continuously to prevent pest infestation. The operator contacted the company to request repair service.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Paper towel rolls don't fit the dispensers at the store. This has been a reoccurring problem. Consider changing out the dispensers to support the paper rolls that are available.

General Comments:

Observed cold and hot holding temperatures at proper ranges. Restroom facility was well maintained.

Please address the noted violations in a timely manner.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

LDClas

Liliana Stransky - 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 INC. #16373	BUSINESS PHONE: (559) 924-3712	RECORD ID#: PR0000168	DATE: January 21, 2022
FACILITY SITE ADDRESS: 1110 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: 7-ELEVEN INC.	CERTIFIED FOOD MANAGER: SUKHDARSHAN SINGH	EXP DATE: 2/12/2023	INSPECTOR: Liliana Stransky - REHS

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Violation: INADEQUATE OR UNAPPROVED WATER SUPPLY [HSC 114192]

Description/Corrective Action: The hot water temperature for the 3 compartment sink and hand wash station in the bathroom was lukewarm. The temperature needs to reach 120F at every faucet. Make the necessary repairs and make sure hot water is always available.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: All food and beverage holding equipment must be washed, rinsed and sanitized in the 3 compartment sink. Do not use the mop sink for this purpose. Keep the 3 compartment sink free of clutter and have it readily available for cleaning dishes/utensils as needed.

Use sanitizing solution for wiping down all food contact surfaces and do this on a regular basis.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The paper towels that were available do not fit the permanent dispensers at the hand washing stations. Proper size towels are back ordered. In the interim, place the paper towel roll in a holder next to the sinks.

Keep the hand washing sinks free of clutter and frequently wash hands to reduce the risk of food contamination.

General Comments:

Observed all cold holding temperatures at or below 41F.

Burritos and hot dogs were monitored above 145F.

RECOMMENDATION: Although this facility does not require employees to be food handler certified, it is strongly advised that all employees receive proper training in basic food safety practices to minimize the risk of cross-contamination due to unsafe practices. The current food manager can provide training to the employees and keep a training sign-in sheet as part of the employee records.

Please correct the noted violations in a timely manner and contact our department if you have any questions.

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RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

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