



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

## CUPA PROGRAM INSPECTION REPORT/NOTICE TO COMPLY

<b>FACILITY NAME:</b> 7-ELEVEN INC. #35068	<b>OWNER NAME:</b> 7-ELEVEN #35068	<b>FACILITY ID#:</b> FA0002289	<b>DATE:</b> October 13, 2022
<b>FACILITY SITE ADDRESS:</b> 1790 W BUSH ST LEMOORE, CA 93245	<b>BUSINESS PHONE:</b> (559) 924-2239	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION	<b>INSPECTOR:</b> Veronica Ochoa -REHS

An inspection of your facility revealed the following violations of the California Health and Safety Code and/or California Code of Regulations. A reinspection may occur at any time to verify correction of these violations. Please note the date for correction as listed per violation.

### 2300 UNDERGROUND STORAGE TANK PROGRAM - PR0005145

#### Inspection Violations

**Leak detection equipment properly installed, calibrated, operated, and maintained (TCR 9d)**

Comply by 11/12/2022

Failure of the leak detection equipment to be installed, calibrated, operated, and/or maintained in accordance with manufacturer's instructions. 23 CCR 16 2638(a), 2641(j)

Violation Type: Minor Violation

**Inspector Comments:** When the technician performed sensor out, the turbines did not shutdown but showed that it went into alarm at the alarm panel. Once again it appears this issue is a result of the faulty relays.

**LLD on DW press piping monitors hrly, detects a 3.0 gph leak, and restricts/shuts off flow (TCR 9d)**

Comply by 11/12/2022

Failure of the functional line leak detector (LLD) monitoring pressurized piping to meet one or more of the following requirements: Monitored with the capability of detecting a release of 3.0 gallons per hour leak at 10 pounds per square inch within an hour and restrict or shut off the flow of product through the piping when a leak is detected. 23 CCR 16 2636(f)(2)

Violation Type: Minor Violation

**Inspector Comments:** The diesel mechanical line leak detector could not be tested during the AMC due to an electrical issue, possible relay problem. As a result, the issue not allowing the test to be performed must be corrected and the diesel mechanical line leak detector must be tested within 30 days. Once the test has been completed, please submit the test results to our department.

**General Comments and Observations:**



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Landon Zamora (ICC# 9768392 exp. 6-8-2022) from Tanknology was onsite to perform the annual monitoring certification (AMC) for the UST system. The following observations were made:

1. The UDC 208 sensors , fill sump 208 sensors, STP 208 sensors provided positive shutdown when hydro tested.
2. The annular brine sensors activated high and low alarms.
3. The smart sensors provided no vacuum alarm and high water alarm at the alarm panel when engaged.
4. All spill buckets (3) passed the 1 hour hydro-test.
5. Fail safe was performed and deactivated the UST operational system.
6. The 208 sensor at the vent box provided audio visual alarm at the alarm panel when engaged.
7. The 87 and 91 mechanical line leak detectors passed the 3.0 GPH leak simulation test.
8. The designated operator reports were observed to be satisfactorily maintained.
9. Employee training was noted to be current.

Please correct the above noted violations within 30 days. Please submit a copy of today's AMC to our office within the next 30 days.

### CERTIFICATION OF RETURN TO COMPLIANCE

I certify that the violations noted above on this report have been corrected. I have personally examined any documentation attached to the certification to establish that the violations have been corrected.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Veronica Ochoa -REHS

Received By: \_\_\_\_\_

Environmental Health Officer  
UST Inspector ICC Certification # - 812233722337



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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> 7-ELEVEN #35068	<b>BUSINESS PHONE:</b> (559) 924-2497	<b>RECORD ID#:</b> PR0008885	<b>DATE:</b> September 29, 2022
<b>FACILITY SITE ADDRESS:</b> 1790 W BUSH ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> GFA STORES INC.	<b>CERTIFIED FOOD MANAGER:</b> AMIT GUPTA	<b>EXP DATE:</b> 3/30/2023	<b>INSPECTOR:</b> 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:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Observed syrup build up on the coffee machine and the soda machine. Please clean this as soon as possible to prevent cross contamination and microbial growth.

Observed coffee grounds, dust, and dry liquid splatter in the storage cabinets. Please ensure this is cleaned and maintained regularly to prevent cross contamination and pest attraction.

**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed water bottles, gatorade bottles, and energy drink cans to be placed inside and on top of the three compartment sink in the back. Please do not leave any miscellaneous items in the three compartment sink, this should only be used to clean utensils and food prep equipment.

**General Comments:**

Observations:

Hand washing station is fully stocked with hot water, soap, and paper towels.

Restrooms were fully stocked with hot water, soap, and paper towels.

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

All hot holding units were functioning properly well over 135F.

All refrigeration units were functioning properly at 41F and below.

All freezer units were functioning properly at 0F.

Please correct the above noted deficiencies in a timely manner.

Thank you for your time.

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



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

Agency Representative \_\_\_\_\_

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