



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: KETTLEMAN CITY MOBIL	BUSINESS PHONE: (661) 304-7747	RECORD ID#: PR0009213	DATE: September 21, 2022
FACILITY SITE ADDRESS: 33300 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHHUY K CHAO	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Yatee Patel - 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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Replace light shield in the walk in refrigerator. One of the light observed a missing light shield.

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

Description/Corrective Action: Cleaning is required around the ice machine, and inside the rims of the lids. Please detail clean and sanitize to avoid cross contamination.

General Comments:


Only pre-packaged foods are sold at this facility.

Be sure to clean and sanitize the restrooms frequently, the odor, possibly is from dry sewer lines.

No soda or coffee machines functional at this time. If the facility is no longer going to use the unwanted items, please remove them from the facility to avoid dust accumulation.

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



 Received By:

Yatee Patel - REHS

 Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KETTLEMAN CITY MOBIL	BUSINESS PHONE: (661) 304-7747	RECORD ID#: PR0009213	DATE: October 05, 2021
FACILITY SITE ADDRESS: 33300 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHHUY K CHAO	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: None Noted

General Comments:

Refrigeration and freezer temperatures were all monitored at acceptable operational temperatures. The general store area was observed in satisfactory condition. No pest control potential issues were observed during this inspection as opposed to the last two prior inspections.

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

Received By:

Luis Flores - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KETTLEMAN CITY MOBIL	BUSINESS PHONE: (661) 304-7747	RECORD ID#: PR0009213	DATE: March 29, 2021
FACILITY SITE ADDRESS: 33300 BERNARD DR	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHHUY K CHAO	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: None Noted

General Comments:

Temperature Control: Proper cold holding temperatures were measured during the inspection.
Restrooms: Maintain stocked. Proper supply of hot and cold running water were observed.
General/Retail Sales: General sales area was fairly organized and maintained.
Maintenance and Equipment: Ancillary equipment was observed to be fully functional.

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: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

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