



Retail Market Permit Inspection Report

Kings County Department of Public Health
Environmental Health Services
460 Kings County Dr., Suite 101 & 102 Hanford CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - <https://www.kcdph.com/ehs>

INSPECTION REPORT

Facility Name		Facility Address		City/State		Zip Code	
MAVERIK #762		1130 W IONA St		LEMOORE, CA		93245	
Owner/Operator		Facility Phone No.		Inspection ID		Inspection Result	
MAVERIK, INC.		5594759904		64656		Pass	
Inspector Name		Inspection Date	Purpose of Inspection		Permit License		Expiration Date
Evelyn Elizalde		6/26/2025	Routine Inspection		EH-FDP-25-000024		4/1/2026

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 of correction as listed per violation.

NVO = No Violation Observed OUT = Out of Compliance N/A = Not Applicable COS = Corrected On Site UD = UD

Violation Status	Violation Code	Violation Summary	Observation
FDA Food Code 2017			
☐ -Select- ☐ IN ☒ OUT ☐ NA ☐ NO	15 - PROTECTION FROM CONTAMINATION - Food separated and protected	Observed uncovered sausage, egg and cheese bundles on hot holding unit on sales floor. The operator was instructed to remove the items and provide a cover to prevent cross contamination. Violation corrected on site.	
☐ -Select- ☐ IN ☒ OUT ☐ N/A	55 - PHYSICAL FACILITIES - Physical facilities installed, maintained, and clean	Observed ice accumulation on the refrigerant line in the walk in freezer. Equipment must be in good repair, clean and free of excessive frost or ice. Please make the necessary repairs.	



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Overall Inspection Comment:

The following was observed during today's routine inspection:

The three compartment sink had hot water at 120 F.
Refrigeration units were below 41 F.
Ice machine was clean and free of debris.
All food was stored 6 inches above ground level.
Hot holding foods were above 135 F.
Employee food handler certificates were available at the time of inspection.
Please email a copy of an active food manager certificate to our office within 30 days of this inspection.
ATTENTION: There are a total of 2 item(s) marked above in violation. Total Major violations are 0.

Signatures

Received By:

Inspected By:

Inspector Name: **Evelyn Elizalde**

Title: **Environmental Health Officer III**

Date: **6/26/2025**

Email: **Evelyn.Elizalde@co.kings.ca.us**
Phone: **(559) 584-1411**

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: _____