

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 FOOD VENDING PERMIT - RM1 (< 500)

Facility Name		Facility Address			City/State			Zip Code	
ROBERT V. JENSEN, INC DBA LACEY CHEVRON		1702 W LACEY BLVD			HANFORD, CA			93230	
Owner/Operator		Facility Phone No.	Inspec	spection ID		Inspection Result			
WILLIAM JENSEN		5594858210	25960	5960		Pass			
Inspector Name	Inspection	Date	Purpose of Inspection		Permit License		e	Expiration Date	
Lindsay Hullinger	ıllinger 12/1/2023		Routine Inspection		PR0000320		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 □ N/A		Handwashing sink is not always accessible due to inventory delivery schedules. The facility receives their inventory every two weeks, and so it is now taking extra space in their store room. The handwashing sink must be accessible for employees to wash hands.						
□ -Select- □ IN ☑ OUT □ N/A	39 - PREVENTION OF FOOD CONTAMINATION - Contamination prevented during food preparation, storage, and display	Dry food storage is overstocked and food items are stored in miscellaneous places around the back room. Please store food in designated locations to prevent potential contamination.						
□ -Select- □ IN ☑ OUT □ N/A	55 - PHYSICAL FACILITIES - Physical facilities installed, maintained, and clean	The floor sink beneath the three compartment sink is observed covered in grime build up. please have this cleaned and maintain cleanliness to prevent possible mold or other vector growth.						



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Overall Inspection Comment:

A routine inspection was conducted on this date. The following observations were made:

The handwashing sink in the kitchen has warm water, soap, and paper towels available. Please see the above noted violation regarding accessibility and correct this within 30 days.

The restrooms are clean with no observable plumbing leaks. There is warm water, soap, and paper towels available.

Food is stored and displayed at least 6 inches off of the floor. Please see the notes violation regarding dry storage.

No evidence pest or vermin infestation is observed.

CO2 tanks are observed secured in place.

The walk in refrigerator light is working and covered. The temperature reads at 40F. Food is stored appropriately.

The reach in refrigerator and reach in freezers are both in good operating condition. The refrigerator measures 39F and the freezer is 6F.

Hot holding items are measured at 160F. Individual items are marked with a "best before" time. Please make sure to mark am/pm on these labels and to discard any products past the indicated time.

The three compartment sink has water measuring over 120F. The sanitizer used is chlorine based. The sinks and buckets are not currently in use, but the facility has test strips readily available.

Overall this facility is in good operating condition. please correct the above noted violations within 30 days. Thank you for your time. ATTENTION: There are a total of 3 item(s) marked above in violation. Total Major violations are 0.

	Signatures
Received By:	Inspected By:
Cell	HMY
	Inspector Name: Lindsay Hullinger
	Title: Environmental Health Officer
	Date: 12/1/2023
	Email: Lindsay.hullinger@co.kings.ca.us Phone:



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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:			