



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: BUSH STREET CHEVRON	BUSINESS PHONE: (559) 593-0475	RECORD ID#: PR0006805	DATE: July 26, 2021
FACILITY SITE ADDRESS: 25 S 19 1/2 AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GUTHRIE & CASTADIO INC	CERTIFIED FOOD MANAGER: APRIL DAVIS	EXP DATE: 1/19/2023	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:

The general store area, back storage area, walk-in box cooler, and both restrooms ere all observed in very good operational conditions.

The walk-in box cooler and freezer temps were observed to be properly functional.

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:

April Davis
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: BUSH STREET CHEVRON	BUSINESS PHONE: (559) 593-0475	RECORD ID#: PR0006805	DATE: February 01, 2021
FACILITY SITE ADDRESS: 25 S 19 1/2 AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GUTHRIE & CASTADIO INC	CERTIFIED FOOD MANAGER: APRIL DAVIS	EXP DATE: 1/19/2023	INSPECTOR: Susan Lee-Yang - 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:

The hand wash station has hot and cold water, soap, and paper towels.

All cold holding units were measured at or below 41F.

Observed good organization throughout the facility.

Due to the COVID-19 pandemic, the California Department of Public Health recommends to discontinue the use of self-serve items (ie: soda and coffee dispensers) by the public.

A copy of the unsigned report will be emailed to the operator. Please contact our office at 559-584-1411 if there are any questions.

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:
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OFFICIAL INSPECTION REPORT

FACILITY NAME: BUSH STREET CHEVRON	BUSINESS PHONE: (559) 593-0475	RECORD ID#: PR0006805	DATE: March 26, 2020
FACILITY SITE ADDRESS: 25 S 19 1/2 AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: PUBLIC INFORMATION/EDUCATIOI
OWNER NAME: GUTHRIE & CASTADIO INC	Program Description: 1107 - KINGS DPH COVID-19	EXP DATE: 1/19/2023	INSPECTOR: Susan Lee-Yang - REHS

The items (if any) listed below identify the Health Code 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:

The following were discussed with the owner/operator during today's visit:

- The staff is aware of social distancing by requesting that customers keep apart a minimum of six feet from each other and staff.
- All work surfaces should be cleaned and sanitized with 100ppm chlorine or 200ppm QAC frequently to prevent contamination.
- Under no circumstances are employees who feel sick or are sick with respiratory (i.e. fever, coughing or sneezing) or gastrointestinal (i.e. vomiting or diarrhea) symptoms are allowed to work in the facility.

Please contact our Department if you have further questions.

Reinspection Required: Yes: No: **Reinspection Date (on or after):** Not Specified

Susan Lee-Yang - REHS

Environmental Health Specialist

Received By: _____



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BUSH STREET CHEVRON	BUSINESS PHONE: (559) 593-0475	RECORD ID#: PR0006805	DATE: August 20, 2019
FACILITY SITE ADDRESS: 25 S 19 1/2 AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GUTHRIE & CASTADIO INC	CERTIFIED FOOD MANAGER: APRIL DAVIS	EXP DATE: 1/19/2023	INSPECTOR: Susan Lee-Yang - 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: OTHER PERMIT VIOLATION

Description/Corrective Action: Observed cold holding unit storing food items being sold to customers also used by employee to store personal belongings. Employee belongings need to be stored away from items being sold to customers. Items were removed at the time of inspection.

General Comments:

Restrooms and hand wash stations have hot water, soap, and paper towels.

All cold holding units were noted at or below 41F.

Hot dogs in the hot holding unit was noted above 135F.

Observed facility clean and organized.

RESULTS OF EVALUATION: [X] PASS [] NEEDS IMPROVEMENT [] FAIL

Reinspection Required: Yes: [] No: [X]

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

April Davis

Received By:

Susan Lee-Yang - REHS

Agency Representative

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