



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

<b>FACILITY NAME:</b> NORTH POINTE CHEVRON	<b>BUSINESS PHONE:</b> (559) 582-1199	<b>RECORD ID#:</b> PR0008330	<b>DATE:</b> September 06, 2017
<b>FACILITY SITE ADDRESS:</b> 2665 N 11TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AJMER NAHAL	<b>CERTIFIED FOOD MANAGER:</b> RUPINDERJIT NAHAL	<b>EXP DATE:</b> 11/7/2019	<b>INSPECTOR:</b> 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:

- Hand wash station has hot water, soap and paper towels.
- Chlorine sanitizer in 3-compartment sink was noted at 100 ppm.
- All cold holding units were noted at or below 41F.
- Burritos, chicken, rice, beans and carne asada in hot holding units were above 135F.
- Observed all food products stored off the ground.
- Observed employees conducting proper handwashing procedures.
- Organize reach-in freezer to differentiate retail consumer products from food products used by the facility.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

*[Handwritten signature]*

Received By:

Susan Lee-Yang - REHS

Agency Representative

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



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Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD MANAGER, EXP DATE, INSPECTOR.

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: The sanitizer (bleach based) concentration was measured between 25 PPM and 50 PPM. Please keep the concentration of the sanitizer at 200 PPM for proper sanitation of equipment and utensils.

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

Description/Corrective Action: Raw meat was stored at the top shelf among breads. Please discontinue this practice as this may lead to a potential contamination.

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

Description/Corrective Action: Water was spread over the floor in the back area of the kitchen. When water is drained from three compartment sink into the floor sink, the water leaks into the floor and spreads. Please fix this issue as it may lead to accidental slip/fall.

Food debris was observed on the floor in the cold walk-in unit under the stored food items. Please thoroughly clean the area.

General Comments:

Hot food items were measured at satisfactory temperatures per the state law. Food items in the refrigerator were measured below the required temperature of 41 F. Nozzles of the soda machine were clean.

The certification on the fire extinguishers have expired. Please re-certify the extinguishers.

RESULTS OF EVALUATION: [ ] PASS [X] NEEDS IMPROVEMENT [ ] FAIL. Reinspection Required: Yes: [ ] No: [X]. Reinspection Date (on or after): N/A. [ ] Potential Food Safety All Star:

Handwritten signature of Vikram Manke.

Vikram Manke

Received By:

Agency Representative

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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> NORTH POINTE CHEVRON	<b>BUSINESS PHONE:</b> (559) 582-1199	<b>RECORD ID#:</b> PR0008330	<b>DATE:</b> January 13, 2017
<b>FACILITY SITE ADDRESS:</b> 2665 N 11TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> 2ND+ FOLLOWUP INSPECTION
<b>OWNER NAME:</b> AJMER NAHAL	<b>CERTIFIED FOOD MANAGER:</b> RUPINDERJIT NAHAL	<b>EXP DATE:</b> 11/7/2019	<b>INSPECTOR:</b> Liliana Stransky - 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:** After the food preparation is finished for the day, please remove all food utensils (spoons, spatulas and scoops) from the food bins in the refrigerator units and start with clean utensils every morning. Several utensils were observed left inside the food bins and food preparation was already finished for the day.

**General Comments:**

This is a second follow-up inspection to verify compliance with the noted violations reported on 12/21/16.

The following observations were made:

- 1) Hot water was available at the 3 compartment sink. Soap and paper towels were also available.
- 2) The three compartment sink was draining properly.
- 3) Bleach is used to sanitize food service equipment and test strips were obtained to monitor the concentration.
- 4) Deep cleaning has been completed and the overall maintenance of the facility has greatly improved.
- 5) Every employee has obtained food handler certification.

Thank you for your cooperation in resolving the violations that were previously noted. Please continue to maintain a daily cleaning schedule and follow the correct cleaning steps for all food safety equipment. As previously mentioned, this is a billable inspection and you will be invoiced separately. If you have any questions, please contact the Department.

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

*Carmen*

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

*Liliana Stransky - REHS*

Agency Representative

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