



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

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

Description/Corrective Action: General cleaning of counter tops, floor drains and inside the microwave is needed. Keep all areas clean and also sanitize areas where food may be placed like the microwave dish.

Outdoors there is excess trash surrounding the property. Clear all trash and debris to minimize the risk of pest infestation for the facility.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The refrigeration unit to the left of the warmer unit was noted at 44F. The dial thermometer was reading at 38F. Monitor the temperature of the unit to verify it can keep potentially hazardous foods at or below 41F.

General Comments:

Observed all refrigeration temperatures, except for the unit above, below 41F. Freezer temperatures were noted below 32F.

Taquitos inside the warmer unit were observed above 145F. The hamburgers are held in a separate unit and these were noted above 175F.

The hand washing station in the back storage area and inside the restroom had hand soap, paper towels and hot water available.

Please address the noted deficiencies in a timely manner.

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 in blue ink.

Received By:

Liliana Stransky - REHS

Agency Representative

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



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**FOOD SAFETY EVALUATION REPORT**

|   |   |                                 |   |
|---|---|---------------------------------|---|
| <b>FACILITY NAME:</b><br>CIRCLE K STORE #2701028          | <b>BUSINESS PHONE:</b><br>(559) 582-7878        | <b>RECORD ID#:</b><br>PR0000309 | <b>DATE:</b><br>June 15, 2021                 |
| <b>FACILITY SITE ADDRESS:</b><br>1665 W HANFORD-ARMONA RD | <b>CITY:</b><br>HANFORD                         | <b>ZIP CODE:</b><br>93230       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>CIRCLE K STORES INC                 | <b>CERTIFIED FOOD MANAGER:</b><br>Not Specified | <b>EXP DATE:</b>                | <b>INSPECTOR:</b><br>Paven Bath               |

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

**Description/Corrective Action:** The back storage room near the restroom was observed to be cluttered and restricted pathway access. Ensure the pathway access is easily accessible throughout the facility.

**General Comments:**

Temperature Control: Both hot and cold holding temperatures were noted to be satisfactory.  
 General Store Area: All food products in the general store area were observed to be 6 inches above the ground.  
 Ancillary Equipment: All ancillary equipment was noted to be fully operative.

|   |  |
|---|--|
| <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><br><input type="checkbox"/> Potential Food Safety All Star: |

*Eduardo Hernandez*

*Paven Bath*

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

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|---|---|---------------------------------|---|
| <b>FACILITY NAME:</b><br>CIRCLE K STORE #2701028          | <b>BUSINESS PHONE:</b><br>(559) 582-7878        | <b>RECORD ID#:</b><br>PR0000309 | <b>DATE:</b><br>June 16, 2020                 |
| <b>FACILITY SITE ADDRESS:</b><br>1665 W HANFORD-ARMONA RD | <b>CITY:</b><br>HANFORD                         | <b>ZIP CODE:</b><br>93230       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>CIRCLE K STORES INC                 | <b>CERTIFIED FOOD MANAGER:</b><br>Not Specified | <b>EXP DATE:</b>                | <b>INSPECTOR:</b><br>Susan Lee-Yang - REHS    |

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.  
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**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed empty ice bags stored inside the 3-compartment sink.  
The 3-compartment sink is to be used for ware washing only.

**General Comments:**

Cold holding units were noted at or below 41F.

Observed all food products stored off the ground.

Due to the COVID-19 pandemic, the California Department of Public Health recommends to discontinue the use of self-serve items (ie: nacho cheese dispenser, soda and coffee dispensers) by the public. In addition, it is strongly encouraged that all staff wear face masks when social distancing cannot be achieved.

Due to the COVID-19 pandemic, signature for this inspection was not obtained from the store manager.

**RESULTS OF EVALUATION:**  PASS  NEEDS IMPROVEMENT  FAIL

**Reinspection Required:** Yes:  No:

**Reinspection Date (on or after):** N/A

Potential Food Safety All Star:

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