FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BROCK'S CHEVRON SERVICE CENTER
BUSINESS PHONE: (559) 584-7739
RECORD ID#: PR0009211
DATE: September 21, 2020

FACILITY SITE ADDRESS: 705 W GRANGEVILLE BLVD
CITY: HANFORD
ZIP CODE: 93230
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: TIM BROCK
CERTIFIED FOOD MANAGER: N/A
EXP DATE: N/A
INSPECTOR: 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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES
[HSC 113953 - 113593.2]
Description/Corrective Action: Provide hand soap and paper towels for the hand washing station in the back area.

Violation: REQUIREMENT NOT MET FOR CALIFORNIA FOOD HANDLER CARD LAW
Description/Corrective Action: Keep the CO2 cylinders chained to prevent them from accidentally tipping over.

General Comments:
A routine inspection was conducted with the following observations:

* Refrigeration temperatures were observed below 41F.
* Restroom facilities were well stocked.
* Pre-packaged foods are stored 6 inches above the floor.

Please correct the noted deficiencies in a timely manner.

RESULTS OF EVALUATION: X PASS
Reinspection Required: Yes: [ ] No: X
Reinspection Date (on or after): N/A

Potential Food Safety All Star: [ ]

Received By: [Signature]
Liliana Stransky - REHS
Agency Representative

NOTE: This report must be made available to the public on request.
**Food Safety Evaluation Report**

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>JLDM LLC</th>
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<tbody>
<tr>
<td>BUSINESS PHONE:</td>
<td>(559) 587-5004</td>
</tr>
<tr>
<td>RECORD ID#:</td>
<td>PR0011047</td>
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<tr>
<td>DATE:</td>
<td>September 02, 2021</td>
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<tr>
<td>FACILITY SITE ADDRESS:</td>
<td>705 W GRANGEVILLE BLVD</td>
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<td>CITY:</td>
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<td>INSPECTION TYPE:</td>
<td>ROUTINE INSPECTION</td>
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<tr>
<td>OWNER NAME:</td>
<td>SULEMAN S. LAKHANI</td>
</tr>
<tr>
<td>CERTIFIED FOOD MANAGER:</td>
<td>Not Specified</td>
</tr>
<tr>
<td>EXP DATE:</td>
<td></td>
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<tr>
<td>INSPECTOR:</td>
<td>Luis Flores - REHS</td>
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</tbody>
</table>

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:**

All monitored refrigerated foods met State Food Code temperature holding requirements. The back storage area, walk-in box cooler area, and retail sales area were all observed in good operational condition. No hot foods are sold at this facility.

**RESULTS OF EVALUATION:**

- [x] PASS
- [ ] NEEDS IMPROVEMENT
- [ ] FAIL

Reinspection Required: [ ] Yes: [x] No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

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**NOTE:** This report must be made available to the public on request
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 staff needs to practice SOCIAL DISTANCING by requesting that customers keep apart a minimum of 6 FEET from each other and staff. Only allow entry to customers that can safely keep the same distance between them while they wait. Encourage only 5 or less customers at a time when possible.

Staff is practicing frequent HAND WASHING with soap and water for at least 20 seconds. Also wash hands every time you change gloves.

Staff uses sanitizing solution (chlorine 100ppm or QAC 200ppm) for wiping down all counters and work surfaces to reduce the risk of contamination. All work surfaces, including shopping carts, should be cleaned and sanitized 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.

An investigation was conducted today to review and verify the above food and employee safety practices are being followed. A copy of this summary will be emailed to the facility operator. Please contact our Department for further questions.

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

Liliana Stransky - REHS
Environmental Health Specialist

Received By: