

County of Kings - Department of Public Health

Environmental Health Serivces 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: CIRCLE K STORE #2701178	BUSINESS PHONE: (559) 386-5312	RECORD ID#: PR0000509	DATE: April 13, 2022
FACILITY SITE ADDRESS: 428 SKYLINE BLVD	CITY: AVENAL	ZIP CODE : 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CIRCLE K STORES INC	CERTIFIED FOOD MANAGER: Louis Gravelle Jr.	EXP DATE: 3/10/2026	INSPECTOR: Veronica Ochoa -REHS
The items (if any) listed below identify the violation(s) that must be of One reinspection will be conducted (if needed) at no charge. A serv			
Violation: IMPROPER USE OR STORAGE OF TOXIC Description/Corrective Action: Please do not	C MATERIALS store the spray cleaning reagents	·	SC 114254-114254.3] sink.
General Comments: Hand wash station was stocked with soap, paper tow Cold holding units measured at or below 41F. Hot food items such as hot dogs, pizza, and breakfas		e 140F.	
RESULTS OF EVALUATION: X PASS NEED	OS IMPROVEMENT FAIL	Reinspection Re	
Monuce Jones		Veronica Ochoc	

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

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CIRCLE K STORE #2701178		BUSINESS PHONE: (559) 386-5312		RECORD ID#: PR0000509	DATE: February 10, 2021
FACILITY SITE ADDRESS: 428 SKYLINE BLVD		CITY: AVENAL		ZIP CODE : 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CIRCLE K STORES INC		CERTIFIED FOOD MANA Louis Gravelle Jr.	GER:	EXP DATE: 6/14/2021	INSPECTOR: Luis Flores - REHS
The items (if any) listed below identify the violation(s) the One reinspection will be conducted (if needed) at no cha			·		
capt state pres	left side so ured by dr ed compar ent in fron	oda fountain was obs rainage plumbing and ny repair service is an	is being releaticipated with	e a relatively slow ased onto the floo in the next day or	r. The onsite manager
General Comments: All refrigeration units were observed to be hoream freezers were holding at -13 F and - The general retail area, walk-in box cooler a observed very well maintained.	17 F.			_	
RESULTS OF EVALUATION: X PASS	NEED	S IMPROVEMENT	FAIL	Reinspection Re	
No Significe due to Covid	- 19			Luis Flores - I	

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CIRCLE K STORE #2701178		BUSINESS PHONE: (559) 386-5312		RECORD ID#: PR0000509	DATE: September 30, 2020		
FACILITY SITE ADDRESS: 428 SKYLINE BLVD		CITY: AVENAL		ZIP CODE : 93204	INSPECTION TYPE: ROUTINE INSPECTION	ON	
OWNER NAME: CIRCLE K STORES INC		CERTIFIED FOOD MA Louis Gravelle Jr.	NAGER:	EXP DATE: 6/14/2021	INSPECTOR: Paven Batth		
The items (if any) listed below identify the violation One reinspection will be conducted (if needed) at							
Violation: IMPROPER CLEANING OF	UTENSILS A	ND EQUIPMENT		[HSC 114	095-114099.5 & 114101-1	14119]	
		-	verage cases were observed inside the 3-compartment sink. Remove such from the 3-compartment sink and store them in approved shelves or racks.				
	 Remove the debris accumulation from the floor underneath the storage racks in the walk-in cooler near the office. Clean such equipment to a sanitary manner. 						
General Comments:							
Temperature Control: Adequate hot a General Sales: Observed to be clutte	-free and food	product was shelve	d 6" above the				
Documentation: Valid Food Safety Ma Other Comment: In response to the C physical distance of 6 feet between in	OVID-19 pand	demic, please implen	nent the State (CDPH) guideline	es (i.e., maintain a		
Other Comment: In response to the C	OVID-19 pand dividuals, use	demic, please implen	nent the State (CDPH) guideline ith your busines	es (i.e., maintain a s.] No: X N/A	
Other Comment: In response to the C physical distance of 6 feet between in	OVID-19 pand dividuals, use	demic, please implen EPA-approved disin	nent the State (fectants, etc) w	CDPH) guideline ith your busines	es (i.e., maintain a s. Required: Yes:	N/A	
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