

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: 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:	EXP DATE:	INSPECTOR: Liliana Stransky - REHS
The items (if any) listed below identify the violation(s) that must be One reinspection will be conducted (if needed) at no charge. A serv	corrected. Thank you for your cooper		
Violation: IMPROPER MAINTENANCE OF HANDW/ Description/Corrective Action: Provide hand	ASH FACILITIES soap and paper towels for the I	[Hand washing station	HSC 113953 - 113593.2] n in the back area.
Violation: REQUIREMENT NOT MET FOR CALIFOR Description/Corrective Action: Keep the CO:	2 cylinders chained to prevent th		ly tipping over.
General Comments: A routine inspection was conducted with the followin * Refrigeration temperatures were observed below 4 * Restroom facilities were well stocked. * Pre-packaged foods are stored 6 inches above the Please correct the noted deficiencies in a timely mar	1F. floor.		
RESULTS OF EVALUATION: X PASS NEEL	DS IMPROVEMENT FA	Reinspection I	Required: Yes: No: X Date (on or after): N/A Potential Food Safety All Star:
Received By:		Liliana Stransk Agency Repres	-

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: JLDM LLC	BUSINESS PHONE: (559) 587-5004	RECORD ID#: PR0011047	DATE: September 02, 2021			
FACILITY SITE ADDRESS: 705 W GRANGEVILLE BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION			
OWNER NAME: SULEMAN S. LAKHANI	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Luis Flores - REHS			
he 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.						
		Reinspection Re	equired: Yes: No: X			
RESULTS OF EVALUATION: X PASS NEED	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A			
		P	otential Food Safety All Star:			



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OFFICIAL INSPECTION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
BROCK'S CHEVRON SERVICE CENTER	(559) 584-7739	PR0009211	March 27, 2020
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:
705 W GRANGEVILLE BLVD	HANFORD	93230	PUBLIC INFORMATION/EDUCATIOI
OWNER NAME:	Program Description:	EXP DATE:	INSPECTOR:
TIM BROCK	1107 - KINGS DPH COVID-19		Liliana Stransky - 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 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	
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Liliana Stransky - REHS

Environmental Health Specialist

Received By: