

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: LACEY CHEVRON	BUSINESS PHONE: (559) 583-6043	RECORD ID#: PR0000320	DATE: December 14, 2022			
FACILITY SITE ADDRESS: 1702 W LACEY BLVD	CITY: HANFORD	ZIP CODE : 93230	INSPECTION TYPE: ROUTINE INSPECTION			
OWNER NAME: ROBERT V JENSEN INC	CERTIFIED FOOD MANAGER: CELIA RODRIGUEZ	EXP DATE: 8/11/2023	INSPECTOR: Yatee Patel - 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:						
Hot holding foods (breakfast items) were at 160F h	olding.					
Hot water, soap and paper towels were available at the hand washing station. Be sure to keep the hand washing station easily accessible at all time.						
Pre-packaged food items and cold holding units well	organized.					
Over all the food facility is in good operating condition	n.					
Thank you						
	OS IMPROVEMENT FAIL	Reinspection Re	equired: Yes: No: X			
RESULTS OF EVALUATION: X PASS NEED		Reinspection Da	ate (on or after): N/A			
		Potential Food Safety All Star:				
Michael		Yatee Patel - REHS				
Received By:		Agency Representative				

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

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LACEY CHEVRON	BUSINESS PHONE: (559) 583-6043	RECORD ID#: PR0000320	DATE: December 16, 2021			
FACILITY SITE ADDRESS: 1702 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION			
OWNER NAME: ROBERT V JENSEN INC	CERTIFIED FOOD MANAGER: CELIA RODRIGUEZ	EXP DATE: 8/11/2023	INSPECTOR: Luis Flores - 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:						
Both the sausage/egg muffins and mini burrito held in the hot holding unit were both monitored at 149 F which meets the State Food Colde hot holding requirement of 135 F or above.						
The walk-in box temperature was observed to be 43 otherwise the maximum temperature requirement we	·	ere being stored in	the unit			
The general sanitation level within the retail establish	nment is very good.					
RESULTS OF EVALUATION: X PASS NEE		Reinspection Re	equired: Yes: No: X			
	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A			
		☐ P	otential Food Safety All Star:			
CP		Luis Flores - I	REHS			
Received By:	-	Agency Representative				

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LACEY CHEVRON	BUSINESS PHONE: (559) 583-6043	RECORD ID#: PR0000320	DATE: December 16, 2020			
FACILITY SITE ADDRESS: 1702 W LACEY BLVD	CITY: HANFORD	ZIP CODE : 93230	INSPECTION TYPE: ROUTINE INSPECTION			
OWNER NAME: ROBERT V JENSEN INC	CERTIFIED FOOD MANAGER: CELIA RODRIGUEZ	EXP DATE : 8/11/2023	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: None Noted						
General Comments:						
Routine inspection -						
* Refrigeration units were observed at proper temperatures.						
* The hand washing stations at the back and in the restroom were stocked with soap and paper towels. Hot water was also available for the facility.						
* In general the store was observed clean and well maintained. Please keep the CO2 canisters secure at all times.						
Wearing face masks and keeping safe distancing between employees and customers helps prevent the spread of Covid. Please continue to adhere to the state guidelines during hours of operation.						
Thank you!						
		Reinspection Re	equired: Yes: No: X			
RESULTS OF EVALUATION: X PASS NEED	OS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A			
		□ P	otential Food Safety All Star:			
Received By:		Liliana Stransky				

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