



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/health/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ADOLFO'S	BUSINESS PHONE: (559) 924-3881	RECORD ID#: PR0003498	DATE: September 15, 2009
FACILITY SITE ADDRESS: 44 N 19 1/2 AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ADOLPH P MARTINEZ	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Veronica Santa Cruz

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:

The market's cold holding units measured at 41° F.
The market's restroom was equipped with hot water, soap, and paper towels.
The bar had hot water for the three compartment sink and soap, paper towels, in the restroom.

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Adolph Martinez

Received By:

Veronica Santa Cruz
Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ADOLFO'S	BUSINESS PHONE: (559) 924-3881	RECORD ID#: PR0003498	DATE: September 02, 2008
FACILITY SITE ADDRESS: 44 N 19 1/2 AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ADOLPH P MARTINEZ	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Susan Lee-Yang

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 cold storing units were measured at or below 41° F.

Observed all food products stored off the ground.

Restrooms were stocked with soap and paper towels.

Observed bar area clean and organized.

Overall, facility is in good operating condition.

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Adolph Martinez

Received By: _____

Susan Lee-Yang

Environmental Health Specialist

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ADOLFO'S	BUSINESS PHONE: (559) 924-3881	RECORD ID#: PR0003498	DATE: February 07, 2007
FACILITY SITE ADDRESS: 44 N 19 1/2 AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ADOLPH P MARTINEZ	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Troy Hommerding

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

Description/Corrective Action:

General Comments:

All cold holding temperatures were at or below 41°F.
Bar area was noted clean + well organized.
Bar restroom's were noted stocked today.

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> Reinspection Date (on or after): _____ N/A <input type="checkbox"/> Potential Food Safety All Star:
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Adolph Martinez

Signature: _____

Troy Hommerding

Environmental Health Officer

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