



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: BOBA ISLAND	BUSINESS PHONE: (559) 924-1027	RECORD ID#: PR0005351	DATE: November 06, 2009
FACILITY SITE ADDRESS: 201 E ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SARA B OLIVA	CERTIFIED FOOD HANDLER: S. Oliva	EXP DATE: 10/7/2011	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed meatballs uncovered in the reach in freezer. Please make sure to cover all foods.

General Comments:

Handwash stations were stocked with soap, paper towels, and hot water. Cold holding units measured below 41°F. Observed operator using proper handwashing techniques.

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:

Sara B Oliva

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: BOBA ISLAND	BUSINESS PHONE: (559) 924-1027	RECORD ID#: PR0005351	DATE: May 22, 2009
FACILITY SITE ADDRESS: 201 E ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SARA B OLIVA	CERTIFIED FOOD HANDLER: S. Oliva	EXP DATE: 10/7/2011	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:

Cold holding units measured at satisfactory temperatures. Hand wash stations were stalked with soap and paper towels.

Facility currently is selling hot tamales. According to operator, tamales are prepared at La Iguana. If you wish to continue selling tamales, please submit commissary form to our office within two weeks.

Tamales are currently being made at La Iguana and only a dozen to a half dozen are being made weekly. Tamales are then frozen in the freezer and the night before serving, tamales are thawed in the refrigerator. Before serving tamales, operator reheats thawed tamales in the microwave. Please make sure tamales reach 165°F when reheated.

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:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BOBA ISLAND	BUSINESS PHONE: (559) 924-1027	RECORD ID#: PR0005351	DATE: November 12, 2008
FACILITY SITE ADDRESS: 201 E ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SARA B OLIVA	CERTIFIED FOOD HANDLER: S. Oliva	EXP DATE: 10/7/2011	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed towels laid on counter. Towels should be soaked in sanitizer solution when not in use to prevent bacterial growth.

Observed ice cream scoops stored in water. Facility does not have dipper well. Discontinue practice and instead store ice cream scoops in reach-in freezer or in container after being washed and sanitized from each use.

General Comments:

All cold holding units measured at or below 41° F.

Observed restrooms and hand wash sinks fully stocked with soap and paper towels.

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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Sara B Oliva

Received By: _____

Susan Lee-Yang

Environmental Health Specialist

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