



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

<b>FACILITY NAME:</b> CAFE CONNECTION	<b>BUSINESS PHONE:</b> (559) 924-5867	<b>RECORD ID#:</b> PR0006598	<b>DATE:</b> October 09, 2009
<b>FACILITY SITE ADDRESS:</b> 316 D ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CATHERINE DILL	<b>CERTIFIED FOOD HANDLER:</b> CARRIE LAWSON	<b>EXP DATE:</b> 3/29/2010	<b>INSPECTOR:</b> 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:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed microwave with accumulated food debns. Please routinely clean microwave.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Observed dishware in the handwash sink. Please do not put dishes and/or utensils in the handwash sink. Place all dishware in the three compartment sink so that they may be washed there.

**General Comments:**

All cold holding units measured at 41° F or below.  
Handwash sinks and restroom were stocked with soap, paper towels, and hot water.

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

*Kay Dill*

Received By: \_\_\_\_\_

*Veronica Santa Cruz*

Agency Representative \_\_\_\_\_

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



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<b>FACILITY NAME:</b> CAFE CONNECTION	<b>BUSINESS PHONE:</b> (559) 924-5867	<b>RECORD ID#:</b> PR0006598	<b>DATE:</b> April 01, 2009
<b>FACILITY SITE ADDRESS:</b> 316 D ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CATHERINE DILL	<b>CERTIFIED FOOD HANDLER:</b> CARRIE LAWSON	<b>EXP DATE:</b> 3/29/2010	<b>INSPECTOR:</b> Susan Lee-Yang - 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:** IMPROPER HOT HOLDING TEMPERATURE(S) [HSC 113996]

**Description/Corrective Action:** Soup inside warmer measured at 120°F.

Advised operators to reheat soup in microwave to 165°F before placing inside warmer unit. Once inside warmer, soup must be able to maintain at least 135°F at all times.

**Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Observed microwave with food debris and prep table cutting board unsanitary.

Please thoroughly clean all equipments on a regularly basis.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Observed cups/mugs inside hand wash station and without paper towels.

Hand wash sink must be clear at all times and fully stocked with paper towels.

**Violation:** IMPROPER LABELING OF PREPACKAGED FOODS [HSC 114089-114090]

**Description/Corrective Action:** Observed baked goods without labels.

Proper labeling includes: Facility name, product name, ingredients, and weight of product.

**General Comments:**

All cold holding units measured below 41°F.

Observed restroom well maintained and fully stocked with soap and paper towels.

Please correct all noted violations in a timely matter to prevent further re-inspections and/or enforcements.

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<b>FACILITY NAME:</b> CAFE CONNECTION	<b>BUSINESS PHONE:</b> (559) 924-5867	<b>RECORD ID#:</b> PR0006598	<b>DATE:</b> October 06, 2008
<b>FACILITY SITE ADDRESS:</b> 316 D ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CATHERINE DILL	<b>CERTIFIED FOOD HANDLER:</b> CARRIE LAWSON	<b>EXP DATE:</b> 3/29/2010	<b>INSPECTOR:</b> 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:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed food debris inside microwave and debris inside ice machine.

Please clean equipments regularly to prevent debris build-up.

**General Comments:**

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

Observed restroom and hand wash sink fully stocked with soap and paper towels.

Observed pre-packaged baked goods properly labeled.

Please maintain routine cleaning schedules of equipments and facility.

Please practice proper hand washing procedures more frequently.

Overall, facility is in satisfactory operating condition.

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

*Carroll Lawson*

Received By: \_\_\_\_\_

*Susan Lee-Yang*

Environmental Health Specialist

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