



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: CAFE CONNECTION	BUSINESS PHONE: (559) 924-5867	RECORD ID#: PR0006598	DATE: April 09, 2010
FACILITY SITE ADDRESS: 316 D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CATHERINE DILL	CERTIFIED FOOD HANDLER: CARRIE LAWSON	EXP DATE: 3/29/2010	INSPECTOR: Veronica Santa Cruz-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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: Certified foodhandler has expired. According to the operator, they will be taking the exam in two weeks. Please fax /mail the certificate to our department once the certificate is obtained.

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

Description/Corrective Action: Observed coffee cakes improperly labeled. Please make sure to label any prepackaged item with the facility's name, name of the product, and products ingredients.

General Comments:

Handwash station was stocked with soap, paper towels, and hot water.
The Quat sanitizer solution in the three compartment sink measured at 200 ppm.
Cold holding units measured at or below 41°F.

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:

Carrie Lawson

Veronica Santa Cruz-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: CAFE CONNECTION	BUSINESS PHONE: (559) 924-5867	RECORD ID#: PR0006598	DATE: October 09, 2009
FACILITY SITE ADDRESS: 316 D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CATHERINE DILL	CERTIFIED FOOD HANDLER: CARRIE LAWSON	EXP DATE: 3/29/2010	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: 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.

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:

Kay Dill

Received By: _____

Veronica Santa Cruz

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CAFE CONNECTION	BUSINESS PHONE: (559) 924-5867	RECORD ID#: PR0006598	DATE: April 01, 2009
FACILITY SITE ADDRESS: 316 D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CATHERINE DILL	CERTIFIED FOOD HANDLER: CARRIE LAWSON	EXP DATE: 3/29/2010	INSPECTOR: 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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