



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> December 13, 2011
<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 M. LAWSON	<b>EXP DATE:</b> 10/12/2015	<b>INSPECTOR:</b> 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: None Noted

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.  
All cold holding units measured well below 41° F.

The owner of the facility has stopped grilling food items on the bread grill and has instead reverted to using a microwave to heat any food items.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

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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<b>FACILITY NAME:</b> CAFE CONNECTION	<b>BUSINESS PHONE:</b> (559) 924-5867	<b>RECORD ID#:</b> PR0006598	<b>DATE:</b> June 08, 2011
<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 M. LAWSON	<b>EXP DATE:</b> 10/12/2015	<b>INSPECTOR:</b> 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:** IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

**Description/Corrective Action:** Dead cockroaches were noted in the hallway leading to the restroom that is used by the facility. The manager of the facility indicated that the owners of the building were aware of the issue and the building is being treated. During today's inspection, cockroaches were not noted inside the food prep area.

**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** An employee was observed grilling pastrami on a bread warmer. All of the employees from this facility were made aware that food cannot be grilled in the facility without an approved hood. The bread warmer is only intended to warm and/or toast bread and is not intended for grilling or cooking.  
  
All grilling and cooking must be discontinued until plans have been approved to install and use a hood.

**General Comments:**

Hand wash stations were stocked with soap, paper towels, and nut water.  
Cold holding units measured at satisfactory temperatures.

<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> _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

*Michelle [Signature]*

Veronica Santa Cruz-REHS

Received By:

Agency Representative

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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> November 10, 2010
<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-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:** The operator indicated a certified food handler certificate was obtained. Please provide a copy of the certificate to our department as soon as possible.

**Violation:** IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

**Description/Corrective Action:** A fly sticky strip was observed hanging from the ceiling near the facility's three compartment sink. The operator was made aware that sticky fly strips that hang from the ceiling are not permitted in a food facility. The facility does use ultra violet fly traps from Ecolab which are permitted. Should the facility continue to see an issue with flies the facility should consider installing an air curtain for the entrance door to help deter the flies from the facility.

**General Comments:**

Hand wash station was stocked with soap, paper towels, and hot water.  
Cold holding units measured at or below 41°F.

<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:

*Carrie Lawson*

Veronica Santa Cruz-REHS

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

Agency Representative

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