



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: DAYS INN LEMOORE	BUSINESS PHONE: (559) 924-1261	RECORD ID#: PR0007538	DATE: January 12, 2011
FACILITY SITE ADDRESS: 877 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MEHESH PATEL/CHIRAGKUMAR PATEL	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT

[HSC 114161-114182 & 114257]

Description/Corrective Action: Please permanently mount single use paper towels for the hand wash station for the hotel breakfast area.

For the banquet facility, please seal the wooden prep table with a surface that is easily cleanable.

Discontinue the use of quat sanitizer for the mechanical dishwasher and replace it with chlorine based sanitizer.

Have the hood baffles cleaned to remove all of the grease build-up.

Repair the ice machine, it was observed leaking.

Provide single use paper towels for the three compartment sink.

Provide hot water for both the men's and women's restroom. Also, hand wash sinks in both restrooms need to be repaired so that water flows from them. Currently, each restroom has only one operable sink for hand washing.

General Comments:

The hotel breakfast as well as the banquet room were inspected.

Currently, the banquet room is being rented out for the public to use; however, the banquet room has not been inspected in quite sometime and does not have a valid permit.

A food vending permit must be paid as soon as possible for both the banquet room and hotel breakfast. The food vending permit will include the hotel breakfast and banquet room.

The banquet room is only rented to the public for a couple of hours; however, caterers have expressed interest in using the facility as a commissary. Caterers may begin to use the banquet room as a commissary once the noted violations have been corrected and fee has been paid.

The banquet room does not have approved NSF cold holding equipment. Therefore, caterers may only prepare non potentially hazardous foods until approved cold holding equipment is obtained.

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



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OWNER NAME: MEHESH PATEL/CHIRAGKUMAR PATEL	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Veronica Santa Cruz-REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
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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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Mehesh Patel

Veronica Santa Cruz-REHS

Received By: _____

Agency Representative _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DAYS INN LEMOORE	BUSINESS PHONE: (559) 924-1261	RECORD ID#: PR0007538	DATE: January 07, 2010
FACILITY SITE ADDRESS: 877 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MEHESH PATEL/CHIRAGKUMAR PATEL	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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 MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Please mount paper towel dispenser to wall and provide single-use paper towels.

General Comments:

All cold holding units were noted below 41°F.
Hand wash sink had hot water and soap.
Facility serves breakfast (muffins, juices, fruit, danish, toast, and cereal).
Thank you!

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:

Received By: _____

Susan Lee-Yang - REHS
Agency Representative

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