



County of Kings - Department of Public Health

Environmental Health Services Division

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DEBBIES PLACE IN LEMOORE	BUSINESS PHONE: (559) 925-1773	RECORD ID#: PR0008350	DATE: November 12, 2009
FACILITY SITE ADDRESS: 102 LARISH ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DANNY & DEBBIE ORTEGA	CERTIFIED FOOD HANDLER: DEBORAH L. ORTEGA	EXP DATE: 8/20/2014	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 HANDWASHING PROCEDURES BY FOODHANDLERS [HSC 113953-113953.4]

Description/Corrective Action: Observed employee handle money and then go prepare a milkshake by scooping ice cream from the ice cream tub. Anytime a task is changed, always wash your hands.

Violation: IMPROPER CLEANLINESS OR HYGIENE OF FOODHANDLERS [HSC 113967-113973]

Description/Corrective Action: Observed cook with a bandage on his right hand. Anytime an employee is preparing food and has a bandage on or has a cut, a food grade glove needs to be worn. The cook was told to put on a food grade glove during the inspection.

General Comments:

Handwash station was stocked with soap, paper towels, and hot water.
Cold holding units measured below 41°F.
The chili in the hot holding warmer measured at 200°F.
Facility also has up-to-date temperature logs.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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:

Debbie Ortega

Received By:

Veronica Santa Cruz

Agency Representative

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