



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: DOMINO'S PIZZA	BUSINESS PHONE: (559) 308-2327	RECORD ID#: PR0005486	DATE: September 03, 2009
FACILITY SITE ADDRESS: 25 W D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: T M T JR ENTERPRISES TOM MCGEE	CERTIFIED FOOD HANDLER: TOM MCGEE	EXP DATE: 5/9/2011	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: None Noted

General Comments:

Handwash station and restroom were stocked with soap, paper towels, and hot water.
All cold holding units measured below 41° F.
Overall, facility is in satisfactory operating condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Veronica Santa Cruz

Agency Representative

Received By:

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DOMINO'S PIZZA	BUSINESS PHONE: (559) 308-2327	RECORD ID#: PR0005486	DATE: February 25, 2009
FACILITY SITE ADDRESS: 25 W D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: T M T JR ENTERPRISES TOM MCGEE	CERTIFIED FOOD HANDLER: TOM MCGEE	EXP DATE: 5/9/2011	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: None Noted

General Comments:

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

All cold holding units measured below 41°F.

Facility is in good operating condition.

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:

Received By: _____

Susan Lee-Yang - REHS
Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DOMINO'S PIZZA	BUSINESS PHONE: (559) 924-3545	RECORD ID#: FA0002505	DATE: August 19, 2008
FACILITY SITE ADDRESS: 25 W D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: T M T JR ENTERPRISES TOM MCGEE	CERTIFIED FOOD HANDLER: TOM MCGEE	EXP DATE: 5/9/2011	INSPECTOR: 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: None Noted

General Comments:

Facility is in good operating condition.

Hand wash station is stocked with soap and paper towels.

All cold potentially hazardous foods were measured at or below 41° F.

Bathroom is clean and stocked with soap and paper towels.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Susan Lee-Yang

Received By: _____

Environmental Health Specialist

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