



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: HOBO CONNECTION	BUSINESS PHONE: (559) 924-1326	RECORD ID#: PR0007351	DATE: October 23, 2009
FACILITY SITE ADDRESS: 958 ROSEWOOD LN	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DAN BEELER	CERTIFIED FOOD HANDLER: DANIEL J BEELER	EXP DATE: 3/14/2011	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 stations were stocked with soap, paper towels, and hot water.
All cold holding units measured below 41°F.
Chlorine sanitizer in the three compartment sink measured at 100 ppm.

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: _____

Veronica Santa Cruz
Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: HOBO CONNECTION	BUSINESS PHONE: (559) 924-1326	RECORD ID#: PR0007351	DATE: September 12, 2008
FACILITY SITE ADDRESS: 958 ROSEWOOD LN	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DAN BEELER	CERTIFIED FOOD HANDLER: DANIEL J BEELER	EXP DATE: 3/14/2001	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:

Observed all hand wash stations fully stock with soap and paper towels.

All reach-in cold storing units were measured at or below 41° F.

Overall, facility is in excellent operating condition 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:
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Received By: _____

Susan Lee-Yang

Environmental Health Specialist

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