



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: FEED THE NEED OUTREACH PROJECT	BUSINESS PHONE: (559) 904-2238	RECORD ID#: PR0007536	DATE: September 01, 2011
FACILITY SITE ADDRESS: 855 AZALEA LN	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DONNETTA WALACE & WAKESHIA SMITH	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: None Noted

General Comments:

Donetta Wallace, who is the operator of Oree's Fine Southern Cuisine, does missionary work by preparing sandwiches at West Hills to give to the homeless.

Sandwiches are prepared and distributed the same day and kept cool during distribution by keeping the sandwiches in ice chests.

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:
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Donetta M. Wallace

Veronica Santa Cruz-REHS

Received By:

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: October 28, 2010
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: 9/18/2015	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: None Noted

General Comments:

Caterer uses West Hills as a commissary.

During today's inspection, it was noted that the operator had a thermometer to probe food items and had the three compartment sink set-up properly to wash, rinse, and sanitize.

Chlorine sanitizer in the three compartment sink measured above 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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By: _____

Veronica Santa Cruz-REHS

Agency Representative

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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: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Veronica Santa Cruz

Agency Representative

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