



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

<b>FACILITY NAME:</b> LEMOORE CHRISTIAN AID	<b>BUSINESS PHONE:</b> (559) 924-2229	<b>RECORD ID#:</b> PR0000396	<b>DATE:</b> May 27, 2009
<b>FACILITY SITE ADDRESS:</b> 224 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE CHRISTIAN AID	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:

All food products are stored off the ground. Restrooms are stocked with soap and paper towels.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:

*Jomy Castillo*

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

<b>FACILITY NAME:</b> LEMOORE CHRISTIAN AID	<b>BUSINESS PHONE:</b> (559) 924-2229	<b>RECORD ID#:</b> PR0000396	<b>DATE:</b> May 20, 2008
<b>FACILITY SITE ADDRESS:</b> 224 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE CHRISTIAN AID	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Susan Lee

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

**Description/Corrective Action:**

**General Comments:**

All canned and dried goods were stored at a minimum of six inches off the ground.

Overall, the food facility appeared in satisfactory operational condition.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

*Joney Castillo*

Signature: \_\_\_\_\_

*Susan Lee*

\_\_\_\_\_  
Environmental Health Officer

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### FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> LEMOORE CHRISTIAN AID	<b>BUSINESS PHONE:</b> (924) 222-4222	<b>RECORD ID#:</b> PR0000396	<b>DATE:</b> April 26, 2006
<b>FACILITY SITE ADDRESS:</b> 224 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE CHRISTIAN AID	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Yatee Patel

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

**Description/Corrective Action:**

**General Comments:**

Overall, the food facility appeared in good operational condition.  
All cans observed were in good condition.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

*Charm Aubry*  
\_\_\_\_\_  
Signature:

*Yatee Patel*  
\_\_\_\_\_  
Environmental Health Officer

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