



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: LEMOORE DONUTS	BUSINESS PHONE: (559) 925-1816	RECORD ID#: PR0000305	DATE: October 19, 2011
FACILITY SITE ADDRESS: 161 W HANFORD/ARMONA RD STE I	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LOGAN TAK	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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The facility currently does not have a person on staff who possesses a managers certified food handler certificate. This facility has 60 days to show proof that someone from the facility possesses the certificate.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Sanitizer was not observed during today's inspection. In order to properly wash, rinse, and sanitize all utensils and dishes, chlorine (bleach) or quat ammonia must be available.

Violation: IMPROPER LABELING OF PREPACKAGED FOODS [HSC 114089-114090]

Description/Corrective Action: Observed pre-packaged muffins not properly labeled. All pre-packaged food items must contain the name of the food product, the name of the facility, and business telephone number and address, as well as the food products ingredients in descending order.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.
All cold holding units measured below 41° F.

This facility must work on maintaining the floors and walls of the facility clean. An area below the two compartment sink was observed accumulated with debris that must be cleaned.

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:

Received By:

Veronica Santa Cruz-REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE DONUTS.....	BUSINESS PHONE: (559) 925-1816	RECORD ID#: PR0000305	DATE: February 16, 2011
FACILITY SITE ADDRESS: 161 W HANFORD/ARMONA RD STE I	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LOGAN TAK	CERTIFIED FOOD HANDLER: Pauline Im	EXP DATE: 4/8/2015	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: IMPROPER LABEL FOR FOOD OR FOOD ADDITIVE THAT INCLUDES FAT

Description/Corrective Action: Observed prepackaged muffins without a label. Please label the muffins with its ingredients in descending order, name of product, facility name, phone number, and address.

If the facility wishes to not label the products, simply do not package them in seran wrap.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed icing for donuts uncovered. Please make sure to cover all food products.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The hand wash station located in the kitchen area did not have paper towels. Please make sure all hand wash stations are stocked with soap, paper towels, and hot water.

General Comments:

The facility recently had a change in ownership; however, the same certified food handler our department had on file from the previous owners will still be the certified food handler.

This facility has improved a great deal in cleanliness; however, please make sue to continue to clean the facility's equipment, walls, and floors. Thank you.

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:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE DONUTS	BUSINESS PHONE: (559) 925-1816	RECORD ID#: PR0000305	DATE: November 03, 2010
FACILITY SITE ADDRESS: 161 W HANFORD/ARMONA RD STE I	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PAULINE IM	CERTIFIED FOOD HANDLER: Pauline Im	EXP DATE: 4/8/2015	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The walls, floors, and equipment in the kitchen area need to be cleaned. During today's inspection, build-up of debris was noted.

Equipment that is no longer in use (i.e. refrigerator and dough mixer), please remove it from the facility.

General Comments:

Hand wash sinks and restroom were stocked with soap, paper towels, and hot water.
Cold holding units measured below 41°F.

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:
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Received By: Sitha Nginn

Veronica Santa Cruz-REHS
Agency Representative

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