



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: March 02, 2010
FACILITY SITE ADDRESS: 161 W HANFORD/ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: PAULINE IM	CERTIFIED FOOD HANDLER: Pauline Im	EXP DATE: 5/23/2010	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 entrance door needs to be repaired so that it self closes. Please repair this door as soon as possible.

General Comments:

Today's re-inspection revealed the following:

Facility had soap and paper towels at the handwash station and the restroom.

The facility replaced the cold holding unit that wasn't holding proper temperature. The new cold holding unit measured at 40° F.

Also, the facility has improved in conducting routine cleaning.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

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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: LEMOORE DONUTS	BUSINESS PHONE: (559) 925-1816	RECORD ID#: PR0000305	DATE: February 09, 2010
FACILITY SITE ADDRESS: 161 W HANFORD/ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PAULINE IM	CERTIFIED FOOD HANDLER: Pauline Im	EXP DATE: 5/23/2010	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 handwash station did not have soap or paper towels. Please permanently mount a soap dispenser and provide paper towels for the mounted paper towel dispenser.

The restroom did not have paper towels. Please have paper towels readily available.

Facility is in need of routine cleaning to remove flour debris from floors ,equipment, and counters.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The refrigerator located in the prep area measured at 47° F. Please monitor this unit because the unit needs to measure at or below 41°F. If this unit continues to not maintain the proper temperature, please replace the unit.

General Comments:

A re-inspection is scheduled to occur on or after February 23, 2010 to determine if the noted violations have been corrected. If a second re-inspection should occur, the facility will be billed \$220 per re-inspection.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
	Reinspection Date (on or after): <u>2/23/2010</u> <input type="checkbox"/> Potential Food Safety All Star:

Received By:

Veronica Santa Cruz-REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE DONUTS	BUSINESS PHONE: (559) 925-1816	RECORD ID#: PR0000305	DATE: August 11, 2009
FACILITY SITE ADDRESS: 161 W HANFORD/ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PAULINE IM	CERTIFIED FOOD HANDLER: Pauline Im	EXP DATE: 5/23/2010	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Refrigerator located in prepping area measured above 41°F. Please make sure unit is able to maintain proper temperature or replace with new/working refrigerator.

Observed several floor tiles missing. Please replace missing floor tiles by next routine inspection to prevent further enforcement and/or administrative hearing.

Observed soda nozzles with accumulated syrup. Please clean nozzles replay to prevent accumulation.

General Comments:

Observed handwash station fully socked with soap and paper towels.

Observed all food products (sugar, flour) stored on pallets.

Facility is in satisfactory 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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By:

Susan Lee-Yang - REHS
Agency Representative

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