



**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> KETTLEMAN CITY ELEMENTARY	<b>BUSINESS PHONE:</b> (559) 386-9083Ext. 3063	<b>RECORD ID#:</b> PR0000665	<b>DATE:</b> October 07, 2009
<b>FACILITY SITE ADDRESS:</b> 701 GENERAL PETROLEUM	<b>CITY:</b> KETTLEMAN CITY	<b>ZIP CODE:</b> 93239	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> REEF-SUNSET UNIFIED SCHOOL DIS	<b>CERTIFIED FOOD HANDLER:</b> MARIA CASILLAS	<b>EXP DATE:</b> 5/10/2011	<b>INSPECTOR:</b> Lee Johnson - 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:** Please repair or replace the broken milk box to hold milk at 41F or less.

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

**Description/Corrective Action:** The hand wash sink has a slow drain. Please repair.

**General Comments:**

All hot and cold temperatures checked today were satisfactory. Hand wash stations were fully stocked. Temperatures are checked and logged daily. Facility is generally clean and well maintained. Thank you.

<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 checked="" type="checkbox"/> Potential Food Safety All Star:

*Maria Casillas*

Received By: \_\_\_\_\_

*Lee Johnson - REHS*

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 ELEMENTARY SCHOOL	<b>BUSINESS PHONE:</b> (559) 924-6819	<b>RECORD ID#:</b> PR0000555	<b>DATE:</b> April 01, 2009
<b>FACILITY SITE ADDRESS:</b> 573 W BUSH ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE UNION HIGH SCHOOL DIST	<b>CERTIFIED FOOD HANDLER:</b> CLARA ROSE	<b>EXP DATE:</b> 7/13/2010	<b>INSPECTOR:</b> 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: None Noted

General Comments:

- Observed hand wash stations fully stocked with soap and paper towels.
- All cold holding units measured at or below 41°F.
- Pizza measured at 150° F.
- Hot dog measured at 168°F.
- Observed temperature logs complete and up-to-date.
- Observed operators wearing hair restraints and disposable gloves.
- Observed operator conducting proper hand washing procedures.
- Facility is in excellent operating condition.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after):           N/A          

Potential Food Safety All Star:

*Clara Rose*

Received By: \_\_\_\_\_

*Susan Lee-Yang - REHS*

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> LEMOORE ELEMENTARY SCHOOL	<b>BUSINESS PHONE:</b> (559) 924-6819	<b>RECORD ID#:</b> PR0000555	<b>DATE:</b> November 12, 2008
<b>FACILITY SITE ADDRESS:</b> 573 W BUSH ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE ELEMENTARY SCHOOL DIST	<b>CERTIFIED FOOD HANDLER:</b> CLARA ROSE	<b>EXP DATE:</b> 7/13/2010	<b>INSPECTOR:</b> 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: OTHER PERMIT VIOLATION

Description/Corrective Action: Observed missing light bulb protector in walk-in refrigerator.  
Please replace missing light protector.

General Comments:

Today's menu consists of peanut butter and jelly sandwich, hamburger (measured 167° F), potato wedges (measured 142° F), burrito (measured 152° F), and milk (measured 38° F).

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

Observed employees conducting proper hand washing procedures.

All cold holding units measured below 41°F.

Chlorine sanitizer bucket measured above 100 ppm.

Facility is in good operating condition.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

*Clara Rose*

*Susan Lee-Yang*

Received By:

Environmental Health Specialist

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