



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 FOOD LOCKER	BUSINESS PHONE: (559) 924-2390	RECORD ID#: CO0006264	DATE: April 28, 2009
FACILITY SITE ADDRESS: 205 FOX ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: INITIAL COMPLAINT INSPECTION
OWNER NAME: DESI S VERISSIMO	CERTIFIED FOOD HANDLER: DESI VERISSIMO	EXP DATE: 8/9/2009	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:

Today's inspection was prompted by an alleged complaint. Complainant stated facility had unsanitary conditions and meats were being improperly thawed. Based on today's inspection, facility was practicing safe food handling practices and was in satisfactory operating condition. At this time, complaint will be dismissed.

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

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE FOOD LOCKER	BUSINESS PHONE: (559) 924-2390	RECORD ID#: PR0000376	DATE: April 28, 2009
FACILITY SITE ADDRESS: 205 FOX ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DESI S VERISSIMO	CERTIFIED FOOD HANDLER: DESI VERISSIMO	EXP DATE: 8/9/2009	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed light bulb in the hallway of facility without a protective covering. Please repair/replace the light bulb protective covering. Also observed water leak at hand wash station. Please repair leak at hand wash station.

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

Description/Corrective Action: Observed meat being stored on the floor in the walk-in freezer. All food products must be stored six inches off the ground.

General Comments:

All cold holding units measured below 41°F and hand wash station was stocked with soap and paper towels. Overall, 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:

Received By: _____

Veronica Santa Cruz

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE FOOD LOCKER	BUSINESS PHONE: (559) 924-2390	RECORD ID#: PR0000376	DATE: May 20, 2008
FACILITY SITE ADDRESS: 205 FOX ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DESI S VERISSIMO	CERTIFIED FOOD HANDLER: DESI VERISSIMO	EXP DATE: 8/9/2009	INSPECTOR: 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 hand wash facilities were stocked with soap and paper towels.
All cold food temperatures measured today were satisfactory.
Both walk-in units were measured at or below 41° F.
Overall, the food facility appeared in satisfactory operational 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:

Desi Verissimo
Signature: _____

Susan Lee
Environmental Health Officer

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