



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#: PR0000376	DATE: December 13, 2011
FACILITY SITE ADDRESS: 205 FOX ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DESI S VERISSIMO	CERTIFIED FOOD HANDLER: NATALIE M. VERISSIMO	EXP DATE: 1/29/2016	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: RESTROOM FACILITIES NOT MAINTAINED

[HSC 114250 & 114276]

Description/Corrective Action: At the time of the inspection, the facility's restroom did not have hot water due to the hot water valve being turned off. The owner at the facility turned the valve on and hot water was restored.

General Comments:

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

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

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 FOOD LOCKER	BUSINESS PHONE: (559) 924-2390	RECORD ID#: PR0000376	DATE: June 08, 2011
FACILITY SITE ADDRESS: 205 FOX ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DESI S VERISSIMO	CERTIFIED FOOD HANDLER: NATALIE M. VERISSIMO	EXP DATE: 1/29/2016	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Once again large buckets of meat were observed being stored directly on the ground. This facility has been told several times to store all food six inches above the ground. The facility may acquire pallets to aid in storing food six inches above the ground.

Cheese was also observed being stored directly next to raw meat. Please store cheese away from raw meat. This facility has begun purchasing whole cheese from HGTC imports and re-packaging it to be sold to the public. Make sure all equipment is properly washed and sanitized before cutting and re-packaging the cheese. Also, please make sure the re-packaged cheese is properly labeled with the type of cheese it is, weight, ingredients in descending order and the company who processed the cheese as well as your facility's name and number.

An employee was observed clewing gum while cutting meat. Employees should not eat or chew gum while processing meat.

General Comments:

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

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:

Natalie Verissimo

Veronica Santa Cruz-REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE FOOD LOCKER	BUSINESS PHONE: (559) 924-2390	RECORD ID#: PR0000376	DATE: November 02, 2010
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-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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Buckets of raw meat were observed directly on the floor. Please store all food products 6 inches off the ground.

Violation: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The facility currently does not have a certified food handler on-site. Someone from the facility must register to take the certified food handler exam within the next two weeks. Proof of registration and the certificate must be shown to our department once they are obtained.

General Comments:

Our office received a complaint alleging that the facility has an infestation of cockroaches and that the equipment, tables, and floors are not well maintained in cleanliness.

Upon performing the facility's routine inspection, the following was observed:
 The facility/equipment appeared to be clean and no evidence of cockroaches were noted.
 The operator was asked if whether or not the facility has had a problem with cockroaches and the operator stated that the facility had a minor problem but that it was taken care of.
 Proof of pest control could not be shown today. Please have the facility serviced by pest control at least one a month to avoid a problem with vermin and obtain receipts at the facility.
 At this time, this complaint could not be substantiated.

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

The facility needs to place a clear sealant on the floor by next routine inspection.

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:

W. Verissimo

Veronica Santa Cruz-REHS

Received By: _____

Agency Representative

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