



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 MIDDLE COLLEGE HIGH SCHOOL	BUSINESS PHONE: (559) 925-3552	RECORD ID#: PR0006914	DATE: October 15, 2009
FACILITY SITE ADDRESS: 555 COLLEGE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LEMOORE UNION ELEMENTARY SCHOOL DIST	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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 FOOD TEMPERATURE MONITORING [HSC 113998 & 114000]

Description/Corrective Action: Currently, facility is not recording the temperatures of the food that arrives from Lemoore High school. This violation was noted on the last inspection report. Please begin logging the temperatures of the food that is delivered.

General Comments:

Facility has a new commercial reach-in unit which measured at 38°F. Handwash station was stocked with soap, paper towels, and hot water.

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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Julie Villa

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 MIDDLE COLLEGE HIGH SCHOOL	BUSINESS PHONE: (559) 925-3552	RECORD ID#: PR0006914	DATE: April 15, 2009
FACILITY SITE ADDRESS: 555 COLLEGE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LEMOORE UNION HIGH SCHOOL DIST	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Currently, facility does not have functional hand wash station, even though hand wash station is available. Please repair/replace hand wash station to operate.

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

Description/Corrective Action: Cold reach-in refrigerator storing sandwiches and milk measured at 49°F. Please lower thermostat to maintain 41°F at all times when storing any cold potentially hazardous foods or purchase commercial type refrigerator to maintain proper temperature.

General Comments:

Today's menu includes: sandwich, salad, orange, and milk.
Food is prepared, packaged, and delivered from Lemoore High School.
Currently, food temperature logs are maintained at Lemoore High School.
Please have all noted violations corrected by next routine inspection to avoid further enforcement.

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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Susan Lee-Yang - REHS

Received By: _____

Agency Representative

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