



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> LEMOORE MIDGET RACEWAY	<b>BUSINESS PHONE:</b> Not Specified	<b>RECORD ID#:</b> PR0000340	<b>DATE:</b> April 01, 2010
<b>FACILITY SITE ADDRESS:</b> 1750 19 1/2 AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE RACING ENTERPRISES, INC	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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: None Noted

General Comments:

Facility was equipped with hot water, hand soap, and paper towels for the handwash station. All cold holding units measured at or below 41° F.

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

*Carol Evans*

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

*Veronica Santa Cruz-REHS*

Agency Representative

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



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<b>FACILITY NAME:</b> LEMOORE MIDGET RACEWAY	<b>BUSINESS PHONE:</b> Not Specified	<b>RECORD ID#:</b> PR0000340	<b>DATE:</b> March 25, 2009
<b>FACILITY SITE ADDRESS:</b> 1750 19 1/2 AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE RACING ENTERPRISES, INC	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<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:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed protective light cover missing.  
Please replace protective cover.

Observed pipe under two compartment sink leaking.  
Repair/replace pipe to prevent leak.

**General Comments:**

- Observed hand wash station fully stocked with soap and paper towels.
- Cold holding units were noted at 41° F.
- Facility sells nachos, drinks, chips, and hamburger at snack bar.
- Facility will set-up barbeque to cook hamburgers.
- If additional equipments will be brought on-site, please get approval from our Department and local Fire/Building Department first.
- Please submit proof of Certified Food Handler within 60 days.
- 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:

*Carol Evans*

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

*Susan Lee-Yang - REHS*

Agency Representative

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