



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 SCHOOL DIST WAREHOUSE	BUSINESS PHONE: (559) 924-6800	RECORD ID#: PR0005235	DATE: April 01, 2009
FACILITY SITE ADDRESS: 130 VINE ST	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 FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed protective light covers missing from walk-in freezer.

Please replace covers.

General Comments:

Observed all perishable food products stored on pallets.

Observed all cold holding units in satisfactory operating 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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Susan Lee-Yang - REHS

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 SCHOOL DIST WAREHOUSE	BUSINESS PHONE: (559) 924-6800	RECORD ID#: PR0005235	DATE: November 21, 2008
FACILITY SITE ADDRESS: 130 VINE ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LEMOORE ELEMENTARY SCHOOL DIST	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed food products being stored on the floor. Please make sure all food products are stored 6 inches above the ground.

General Comments:

Observed all dry goods stored off the ground on pallets. All cold holding units were below 41°F. Please contact the department before using the newly renovated storage facility.

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:
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Received By: _____

Susan Lee-Yang

Environmental Health Specialist

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE SCHOOL DIST WAREHOUSE	BUSINESS PHONE: (559) 924-6800	RECORD ID#: PR0005235	DATE: May 28, 2008
FACILITY SITE ADDRESS: 130 VINE ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LEMOORE ELEMENTARY SCHOOL DIST	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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 food products were stored at a minimum of six inches or more off the ground.

Both walk-in freezers were operating in good 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:

R. Dyballa

Signature: _____

Susan Lee

Environmental Health Officer

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