



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 SCHOOL DIST WAREHOUSE	<b>BUSINESS PHONE:</b> (559) 924-6800	<b>RECORD ID#:</b> PR0005235	<b>DATE:</b> October 12, 2011
<b>FACILITY SITE ADDRESS:</b> 130 VINE ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE UNION ELEMENTARY SCHOOL DISTRICT	<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:

All food items in the dry storage area we noted six inches off the floor and well organized.

All food items in the freezers were noted well organized and frozen.

<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:

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 SCHOOL DIST WAREHOUSE	<b>BUSINESS PHONE:</b> (559) 924-6800	<b>RECORD ID#:</b> PR0005235	<b>DATE:</b> May 24, 2011
<b>FACILITY SITE ADDRESS:</b> 130 VINE ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE UNION ELEMENTARY SCHOOL DISTRICT	<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:

All food items in the freezers were observed frozen.  
All prepackaged food items were observed off the floor.

<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> N/A <input type="checkbox"/> Potential Food Safety All Star:
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<b>FACILITY NAME:</b> LEMOORE SCHOOL DIST WAREHOUSE	<b>BUSINESS PHONE:</b> (559) 924-6800	<b>RECORD ID#:</b> PR0005235	<b>DATE:</b> October 18, 2010
<b>FACILITY SITE ADDRESS:</b> 130 VINE ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE UNION ELEMENTARY SCHOOL DISTRICT	<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:

This facility currently has two walk-in freezers that they are using and one freezer that they are not using. Food products being stored in the freezers being used were noted to be frozen. The freezer that is currently not being used by this facility is supposed to have a new floor and a new compressor installed. However, if the school district decides not to repair and/or use this freezer, please have it removed.

The dry food storage area was noted to be clean and well maintained.

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