



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 SENIOR BINGO	<b>BUSINESS PHONE:</b> (559) 924-7791	<b>RECORD ID#:</b> PR0003660	<b>DATE:</b> May 13, 2009
<b>FACILITY SITE ADDRESS:</b> 789 18TH AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE SENIOR BINGO	<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: None Noted

General Comments:

Observed hand wash station fully stocked with soap and paper towels.

All cold holding units measured below 41°F.

Facility is in satisfactory operating condition.

Please fax Certified Food Handler Certificate to our Department within 60 days.

Please fill out and submit enclosed Food Vending Permit Application to our Department as soon as possible.

<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:

*Left with operator*

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 - COMPLAINT INSPECTION

<b>FACILITY NAME:</b> LEMOORE SENIOR BINGO	<b>BUSINESS PHONE:</b> (559) 924-7791	<b>RECORD ID#:</b> CO0005926	<b>DATE:</b> July 09, 2008
<b>FACILITY SITE ADDRESS:</b> 789 18TH AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> INITIAL COMPLAINT INSPECTION
<b>OWNER NAME:</b> LEMOORE SENIOR BINGO	<b>CERTIFIED FOOD HANDLER:</b> TAMARA TORRES	<b>EXP DATE:</b> 3/21/2012	<b>INSPECTOR:</b> Troy Hommerding

A complaint was recently received by our Department alleging violations of the California Uniform Retail Food Facilities Law at this facility. In response to the complaint, an inspection of the facility was conducted and our investigation findings are provided below. If violations are noted, then appropriate corrective action is required as listed in the main section of this report. 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.

Inspection Findings and General Comments:

The results of today's complaint inspection are as follows:

The cooks name is Randy Daughtry he is conducting the kitchen activities for the lemoore senior Bingo. Tonight the cook was not using a hair restraint; however, the cook, Mr. Daughtry, has well groomed short hair. The menu is hot dogs, hamburgers, frito boats, chili, nachos, canned sodas, bottled water. All food is made on site. Sometimes seniors will bring food but that does not go into the kitchen for service. The bingo players share amongst themselves.

All cold holding temperatures were at the proper regulatory requirements.

The pastries are kept in the freezer until brought out for bingo night. Pastries are donated by Save Mart. All pastry labels are in original condition from Save Mart.

At this time the only valid part of the complaint is this facility is missing the certified food handler. Please obtain a certified food handler with in 60 days

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

Description/Corrective Action: At least one staff member, owner, or operator must take and pass a certified food safety exam. Please do so with in 60 days.

Reinspection Required: Yes:  No:  Reinspection Date (on or after): N/A

*Randy Daughtry*

Troy Hommerding

Received By:

Environmental Health Specialist

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### FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> LEMOORE SENIOR BINGO	<b>BUSINESS PHONE:</b> (559) 924-7791	<b>RECORD ID#:</b> PR0003660	<b>DATE:</b> May 27, 2008
<b>FACILITY SITE ADDRESS:</b> 789 18TH AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE SENIOR BINGO	<b>CERTIFIED FOOD HANDLER:</b> SHERRY ROBERTSHAW	<b>EXP DATE:</b> 3/21/2008	<b>INSPECTOR:</b> 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:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]  
**Description/Corrective Action:** Observed debris build-up on hood filters.  
Please clean as often as needed to prevent build-up.

**General Comments:**  
All hand wash facilities were stocked with soap and paper towels.  
Reach-in unit was measured at 38° F.  
General housekeeping needs improvement.

<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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*Susan Lee*  
Signature:

Susan Lee  
Environmental Health Officer

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