



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 SHELL	<b>BUSINESS PHONE:</b> (559) 924-7117	<b>RECORD ID#:</b> PR0005237	<b>DATE:</b> June 13, 2011
<b>FACILITY SITE ADDRESS:</b> 1790 W BUSH ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> GOLDEN GATE PETROLEUM	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Raymond Cooke - 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:

The walk-in refrigerator was noted at 42 degrees. Unit should maintain food at or below 41. Also, replace at least one light at the west end of the box for proper lighting while cleaning.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

*H. Qe.*

*Raymond Cooke - REHS*

Received By:

Agency Representative

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



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<b>FACILITY NAME:</b> LEMOORE SHELL	<b>BUSINESS PHONE:</b> (559) 924-7117	<b>RECORD ID#:</b> PR0005237	<b>DATE:</b> June 21, 2011
<b>FACILITY SITE ADDRESS:</b> 1790 W BUSH ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> GOLDEN GATE PETROLEUM	<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:

Cold holding units storing potentially hazardous foods measured at satisfactory temperatures.  
Restrooms were stocked with soap, paper towels, and hot water.

<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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Veronica Santa Cruz-REHS

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

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> LEMOORE SHELL	<b>BUSINESS PHONE:</b> (559) 924-7117	<b>RECORD ID#:</b> PR0005237	<b>DATE:</b> June 04, 2010
<b>FACILITY SITE ADDRESS:</b> 1790 W BUSH ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> GOLDEN GATE PETROLEUM	<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:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Please install paper towel dispensers in the facility's restrooms.

**General Comments:**

Cold holding unit 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> N/A <input type="checkbox"/> Potential Food Safety All Star:
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*Carmen J. Inuita*

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

*Veronica Santa Cruz-REHS*

Agency Representative

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