



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 STADIUM CINEMAS	BUSINESS PHONE: (559) 924-2100	RECORD ID#: PR0006163	DATE: September 15, 2009
FACILITY SITE ADDRESS: 400 FOLLETT ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOHN ROUSH	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Veronica Santa Cruz

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:

Handwash station was equipped with soap, paper towels, and hot water. Soda nozzles were observed to be clean and well maintained.

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:

Signature

Received By: _____

Veronica Santa Cruz

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 STADIUM CINEMAS	BUSINESS PHONE: (559) 924-2100	RECORD ID#: PR0006163	DATE: September 02, 2008
FACILITY SITE ADDRESS: 400 FOLLETT ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOHN ROUSH	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 ice scoops stored on top of ice in ice storage unit of soda fountain.
Ice scoops should be stored on a clean surface or inside a clean container.

General Comments:

- Hand wash sink is stock with soap and paper towels.
- Facility is clean and well organized.
- Facility sells soda fountain drinks, popcorn, candies, and ice cream.
- Restrooms were clean and well maintained.

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:

Susan Lee-Yang

Received By: _____

Environmental Health Specialist

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE STADIUM CINEMAS	BUSINESS PHONE: (559) 924-2100	RECORD ID#: PR0006163	DATE: January 08, 2007
FACILITY SITE ADDRESS: 400 FOLLETT ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOHN ROUSH	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Yatee Patel

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] [HSC 114010] [HSC 114080]

Description/Corrective Action: The ice machine scoop was observed stored in a resting position in the ice bed. Remove the ice scoop and store it either in a clean container, on a clean surface or the handle facing towards you.

General Comments:

Overall, the food facility appeared in good operational 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:
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Amber Brubaker

Signature:

Yatee Patel

Environmental Health Officer

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