



County of Kings - Department of Public Health

Environmental Health Services Division

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE TRINTY ASSOCIATION	BUSINESS PHONE: (559) 924-1969	RECORD ID#: PR0008439	DATE: March 23, 2010
FACILITY SITE ADDRESS: 470 CHAMPION ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: CONSTRUCTION/EQUIPMENT INSF
OWNER NAME: PENNY AVILA, DAN LEROY	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Please make sure to provide hand soap and paper towels for the handwash station.

General Comments:

- Facility will be a commissary for temporary events and caterers.
- Facility has a two compartment sink which will be used for handwashing and warewashing.
- Facility has a commercialized cold holding unit which measured at 40° F.
- Facility's hood was functioning during this inspection.
- Facility's restroom was stocked with soap, paper towels and hot water.
- Facility is in satisfactory condition to be a commissary.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Veronica Santa Cruz-REHS

Received By: _____

Agency Representative

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