



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: LEONI PHARMACY	BUSINESS PHONE: (559) 924-3751	RECORD ID#: PR0005974	DATE: May 27, 2009
FACILITY SITE ADDRESS: 246 HEINLEN ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TOM BUFORD	CERTIFIED FOOD HANDLER: BRENDA BUFORD	EXP DATE: 11/15/2010	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:

Hand wash station is stocked with soap and paper towels. Fudge is displayed and stored in a clean area. Overall, facility is in good operating condition.

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

Agency Representative

Received By:

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEONI PHARMACY	BUSINESS PHONE: (559) 924-3751	RECORD ID#: PR0005974	DATE: May 20, 2008
FACILITY SITE ADDRESS: 246 HEINLEN ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TOM BUFORD	CERTIFIED FOOD HANDLER: BRENDA BUFORD	EXP DATE: 11/15/2010	INSPECTOR: 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: None Noted

Description/Corrective Action:

General Comments:

All hand wash facilities were stocked with soap and paper towels.
All food products were stored at a minimum of six inches off the ground.
Overall, the food facility appeared in satisfactory 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:

Cristo Reyna

Signature:

Susan Lee

Environmental Health Officer

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEONI PHARMACY	BUSINESS PHONE: (559) 924-3751	RECORD ID#: PR0005974	DATE: October 03, 2006
FACILITY SITE ADDRESS: 246 HEINLEN ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: TOM BUFORD	CERTIFIED FOOD HANDLER: BRENDA BUFORD	EXP DATE: 11/15/2008	INSPECTOR: Luis Flores

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

Description/Corrective Action:

General Comments:

The food preparation area was observed in very 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:

wax l3 l3

Signature: _____

Luis Flores
Environmental Health Officer

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