



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> LIBERTY MIDDLE SCHOOL	<b>BUSINESS PHONE:</b> (558) 924-6817	<b>RECORD ID#:</b> PR0003832	<b>DATE:</b> December 04, 2009
<b>FACILITY SITE ADDRESS:</b> 1000 LIBERTY DR	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE UNION ELEMENTARY SCHOOL DIST	<b>CERTIFIED FOOD HANDLER:</b> Rosa Garcia	<b>EXP DATE:</b> 7/13/2010	<b>INSPECTOR:</b> Troy Hommerding-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:

Hand wash sinks were noted fully stocked today. Facility is logging cooking, hot holding, and cold holding temperatures.

All cold holding temperatures were at the proper regulatory requirements.

Hot holding temperatures were measured at or above 135°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> <u>      N/A      </u> <input checked="" type="checkbox"/> Potential Food Safety All Star:

*Elynn Holm*

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

*Troy Hommerding-REHS*

Agency Representative

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



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<b>FACILITY NAME:</b> LEMOORE MIDDLE COLLEGE HIGH SCHOOL	<b>BUSINESS PHONE:</b> (559) 925-3552	<b>RECORD ID#:</b> PR0006914	<b>DATE:</b> October 15, 2009
<b>FACILITY SITE ADDRESS:</b> 555 COLLEGE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE UNION ELEMENTARY SCHOOL DIST	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:** IMPROPER FOOD TEMPERATURE MONITORING [HSC 113998 & 114000]

**Description/Corrective Action:** Currently, facility is not recording the temperatures of the food that arrives from Lemoore High school. This violation was noted on the last inspection report. Please begin logging the temperatures of the food that is delivered.

**General Comments:**

Facility has a new commercial reach-in unit which measured at 38°F.  
Handwash station was 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> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:

*Julie Villa*

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

*Veronica Santa Cruz*

Agency Representative

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<b>FACILITY NAME:</b> LIBERTY MIDDLE SCHOOL	<b>BUSINESS PHONE:</b> (558) 924-6817	<b>RECORD ID#:</b> PR0003832	<b>DATE:</b> April 24, 2009
<b>FACILITY SITE ADDRESS:</b> 1000 LIBERTY DR	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE UNION HIGH SCHOOL DIST	<b>CERTIFIED FOOD HANDLER:</b> Rosa Garcia	<b>EXP DATE:</b> 7/13/2010	<b>INSPECTOR:</b> 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:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Convection-steamer oven was leaking water. Please fix/replace convection-steamer oven.

**General Comments:**

Today's menu consisted of pizza, chicken nuggets, and hamburgers. The pizza and chicken nuggets measured above 135°F. Cold holding units measured at 41° F. The chlorine sanitizer bucket measured at 100 ppm and the dishwasher measured at 190° F. Overall, facility is in good operating condition.

<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 checked="" type="checkbox"/> Potential Food Safety All Star:

*William Gilson*

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

*Veronica Santa Cruz*

Agency Representative

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