



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: LITTLE CAESARS PIZZA	BUSINESS PHONE: (559) 924-7992	RECORD ID#: PR0006778	DATE: March 02, 2010
FACILITY SITE ADDRESS: 855 N LEMOORE AVE 80	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: EFFORTLESS INVESTMENTS LLC	CERTIFIED FOOD HANDLER: DARRELL BRADEN	EXP DATE: 3/1/2011	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 FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The coving all along side the wall where the three compartment sink is located has not been replaced. Due to the missing coving, the wood of the wall is exposed and is receiving water damage.

Also, the three compartment sink is leaking which is causing water to accumulate on the floor.

The coving and the leak must be repaired by the next scheduled second followup re-inspection.

General Comments:

Today's re-inspection revealed the following:

Handwash station located by the prep area had been repaired to allow water to drain properly.

Quat sanitizer in the three compartment sink measured at 200 ppm.

Facility showed proof someone from the facility has taken and passed the certified foodhandler course.

The coving along side the wall where the three compartment sink is located was not replaced.

Since the coving was not replaced within the given time frame and the three compartment sink has a significant leak, a second follow-up re-inspection will occur on April 2, 2010. The facility will be billed \$220 for the follow up re-inspection and any other re-inspections that may have to occur to ensure compliance of the noted violations.

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



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RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> Reinspection Date (on or after): <u>4/2/2010</u> <input type="checkbox"/> Potential Food Safety All Star:
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Dynora Condon

Veronica Santa Cruz-REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LITTLE CAESARS PIZZA	BUSINESS PHONE: (559) 924-7992	RECORD ID#: PR0006778	DATE: January 28, 2010
FACILITY SITE ADDRESS: 855 N LEMOORE AVE 80	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: EFFORTLESS INVESTMENTS LLC	CERTIFIED FOOD HANDLER: DARRELL BRADEN	EXP DATE: 3/1/2009	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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The facilities certified food handler certificate has expired. This same violation was noted on the last inspection report. Please have someone from the facility take and pass this examination within 60 days to avoid further enforcement.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: The quat sanitizer in the three compartment sink measured at 100 ppm. Quat sanitizer needs to measure at 200 ppm at all times. Please make sure to routinely check and change the sanitizer often.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The handwash station located by the prep area is beginning to not let the water drain properly. Please have a licensed plumber fix the issue.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed the coving all along side the wall where the three compartment sink is located missing. Due to the coving missing, the wall has exposed wood which is not permitted. The coving of this wall must be replaced by the next scheduled re-inspection.

General Comments:

Handwash stations were stocked with soap, paper towels, and hot water.
Cold holding units measured at 41°F.
Pizza, chicken wings, and bread sticks measured well above 135°F in their hot hot holding units.

A re-inspection has been scheduled to take place on or after March 1, 2010 to determine if the above noted violations have been corrected. This re-inspection will be at no cost; however, if another re-inspection must occur, all other subsequent re-inspections will be \$220 per re-inspection.

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FACILITY SITE ADDRESS: 855 N LEMOORE AVE 80	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: EFFORTLESS INVESTMENTS LLC	CERTIFIED FOOD HANDLER: DARRELL BRADEN	EXP DATE: 3/1/2009	INSPECTOR: Veronica Santa Cruz-REHS

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RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> Reinspection Date (on or after): <u>3/1/2010</u> <input type="checkbox"/> Potential Food Safety All Star:
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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LITTLE CAESARS PIZZA	BUSINESS PHONE: (559) 924-7992	RECORD ID#: PR0006778	DATE: July 31, 2009
FACILITY SITE ADDRESS: 855 N LEMOORE AVE 80	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: EFFORTLESS INVESTMENTS LLC	CERTIFIED FOOD HANDLER: DARRELL BRADEN	EXP DATE: 3/1/2009	INSPECTOR: Susan Lee-Yang - 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: Observed third compartment of 3-compartment sink leaking water. Please repair unit.

Observed tiles underneath 3-compartment sink still missing. This violation was noted during last routine inspection as well. Please replace missing tiles in a timely manner to prevent further enforcement and/or administrative hearing.

Violation: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: Current Certified Food Handler is expired. Please renew certificate and post certificate in facility.

General Comments:

Observed restroom and all hand wash stations were fully stocked with soap and paper towels.

Pizza in hot holding unit measured 148°F.

All cold holding units measured below 41°F.

Please correct all noted violations in a timely manner.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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:

Received By: _____

Susan Lee-Yang - REHS

Agency Representative

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