



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><br>MIQ O'DOHERTY HALL        | <b>BUSINESS PHONE:</b><br>(559) 924-3424        | <b>RECORD ID#:</b><br>PR0000632 | <b>DATE:</b><br>October 22, 2009              |
| <b>FACILITY SITE ADDRESS:</b><br>884 N LEMOORE AVE | <b>CITY:</b><br>LEMOORE                         | <b>ZIP CODE:</b><br>93245       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>Father Jerry Chavez          | <b>CERTIFIED FOOD HANDLER:</b><br>Not Specified | <b>EXP DATE:</b>                | <b>INSPECTOR:</b><br>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 hood baffles with accumulated debris. Please clean equipments regularly.

Observed base boards inside kitchen area missing. Please replace base boards to prevent deterioration of walls due to mopping of floor.

**General Comments:**

Observed handwash facility fully stocked.

All cold holding units measured satisfactory.

Facility is in satisfactory 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><br><input type="checkbox"/> Potential Food Safety All Star: |

*Mary Wilson*

Received By:

*Susan Lee-Yang - REHS*

Agency Representative

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



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| <b>FACILITY SITE ADDRESS:</b><br>884 N LEMOORE AVE | <b>CITY:</b><br>LEMOORE                         | <b>ZIP CODE:</b><br>93245       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>Father Jerry Chavez          | <b>CERTIFIED FOOD HANDLER:</b><br>Not Specified | <b>EXP DATE:</b>                | <b>INSPECTOR:</b><br>Susan Lee-Yang           |

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**Violation:** IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

**Description/Corrective Action:** Observed back door and screen door open.  
Please make sure screen door remains closed at all times to prevent fly entry.

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

**Description/Corrective Action:** Observed mold growth inside ice machine.  
Please clean equipment regularly with bleach/water solution.  
Observed hood vents with debris.  
Please clean unit regularly to prevent build-up.

**General Comments:**

- Reach-in cold storing unit measured at 38° F.
- Observed all dried food products stored above six inches.
- Observed hand wash sink fully stocked with soap and paper towels.
- Kitchen is used primarily for events from the school and Knights of Columbus.
- Overall, facility is in satisfactory 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> N/A                                                         |
|                                                                                                                                                 | <input type="checkbox"/> Potential Food Safety All Star:                                            |

*Mary A. Wilson*

Received By:

*Susan Lee-Yang*

Environmental Health Specialist

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| <b>FACILITY NAME:</b><br>MIQ O'DOHERTY HALL        | <b>BUSINESS PHONE:</b><br>(559) 924-3424        | <b>RECORD ID#:</b><br>PR0000632 | <b>DATE:</b><br>March 01, 2007                |
| <b>FACILITY SITE ADDRESS:</b><br>884 N LEMOORE AVE | <b>CITY:</b><br>LEMOORE                         | <b>ZIP CODE:</b><br>93245       | <b>INSPECTION TYPE:</b><br>ROUTINE INSPECTION |
| <b>OWNER NAME:</b><br>Father Jerry Chavez          | <b>CERTIFIED FOOD HANDLER:</b><br>Not Specified | <b>EXP DATE:</b>                | <b>INSPECTOR:</b><br>Raymond Cooke            |

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:**

Facility is well maintained. Cold temp OK.

**RESULTS OF EVALUATION:**  PASS  NEEDS IMPROVEMENT  FAIL

**Reinspection Required:** Yes:  No:

**Reinspection Date (on or after):** N/A

Potential Food Safety All Star:

Signature: \_\_\_\_\_

*Yuhua Godecke*

\_\_\_\_\_  
*Raymond Cooke*

Environmental Health Officer

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