



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: MIQ O'DOHERTY HALL	BUSINESS PHONE: (559) 924-3424	RECORD ID#: PR0000632	DATE: May 19, 2011
FACILITY SITE ADDRESS: 884 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MIQ SCHOOL	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 FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Please fix the soap dispenser and the leaky faucet at the thee compartment sink as well as routinely clean the hood baffles.

General Comments:

Hand wash station was properly stocked.
The facility's cold holding unit measured at 41°F.
This facility cooks meals for the school children on Thursdays and Fridays. As a result of the cooking occurring, a person who partakes in cooking the meals must pass a certified food handler within 60 days. When the certificate has been obtained, please provide our department with a copy of the certificate.

Today's lunch menu consisted of spaghetti which measured at 154°F in a hot holding warmer.

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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Amendabel Alvarez

Received By: _____

Veronica Santa Cruz-REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: MIQ O'DOHERTY HALL	BUSINESS PHONE: (559) 924-3424	RECORD ID#: PR0000632	DATE: April 29, 2010
FACILITY SITE ADDRESS: 884 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: Father Jerry Chavez	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: None Noted

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water.
Cold holding unit measured at 41° F.

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:
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Unable to obtain

Veronica Santa Cruz-REHS

Received By:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: MIQ O'DOHERTY HALL	BUSINESS PHONE: (559) 924-3424	RECORD ID#: PR0000632	DATE: October 22, 2009
FACILITY SITE ADDRESS: 884 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: Father Jerry Chavez	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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 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.

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): <u> N/A </u> <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