



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: RITE-AID #6475	BUSINESS PHONE: (661) 872-0516	RECORD ID#: PR0006640	DATE: December 22, 2011
FACILITY SITE ADDRESS: 820 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: THRIFTY PAYLESS INC	CERTIFIED FOOD HANDLER: GABRIEL L. REBELO	EXP DATE: 1/31/2013	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 storing dairy products measured at 45°F.

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-REHS

Received By:

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: RITE-AID #6475	BUSINESS PHONE: (661) 872-0516	RECORD ID#: PR0006640	DATE: March 30, 2011
FACILITY SITE ADDRESS: 820 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: 2ND+ FOLLOWUP INSPECTION
OWNER NAME: THRIFTY PAYLESS INC	CERTIFIED FOOD HANDLER: GABRIEL L. REBELO	EXP DATE: 1/31/2013	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:

This second re-inspection took place to determine if the facility mounted soap dispensers at the hand wash sinks and if the women's restroom had hot water restored.

Today's re-inspection revealed that soap dispensers were permanently mounted at the hand wash sinks and the women's restroom had hot water restored.

Thank you for finally correcting all of the violations noted on the last inspection report.

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-REHS

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: RITE-AID #6475	BUSINESS PHONE: (661) 872-0516	RECORD ID#: PR0006640	DATE: February 23, 2011
FACILITY SITE ADDRESS: 820 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: THRIFTY PAYLESS INC	CERTIFIED FOOD HANDLER: GABRIEL L. REBELO	EXP DATE: 1/31/2013	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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Both men's and women's restrooms were re-inspected to determine if the restrooms had restored hot water at the hand wash sinks. The men's restrooms had restored hot water.

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

Description/Corrective Action: The women's hand wash sink and the hand wash sink in the ice cream area still did not have permanently mounted functioning soap dispensers. The facility is temporarily using a pump hand soap dispenser at the hand wash sinks.

General Comments:

This re-inspection took place to determine if the noted violations from the facility last routine inspection were corrected. Today's re-inspection determined that only one of the violations were fully corrected and that the facility still needs to correct the hot water issue in the women's restroom and install functioning soap dispensers with soap in the women's restroom and ice cream area.

A re-inspection will the place on March 9, 2011 to determine if the noted violations have been corrected. The facility will be billed \$220 for the next re-inspection.

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): 3/9/2011 <input type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Veronica Santa Cruz-REHS
Agency Representative

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