



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: STARBUCKS #10106	BUSINESS PHONE: (559) 924-8905	RECORD ID#: PR0006632	DATE: November 22, 2011
FACILITY SITE ADDRESS: 855 N LEMOORE AVE 70	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: STARBUCKS CORPORATION	CERTIFIED FOOD HANDLER: JOHNNY BONILLA	EXP DATE: 9/18/2011	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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The facility currently does not have a manager's certified food handler. Within 60 days, this facility must show proof of manager's certified food handler certificate.

General Comments:

Hand wash sinks were observed with soap, paper towels, and hot water.
 All cold holding units measured at or below 41°F.
 The mechanical dishwasher final rinse temperature registered above 180°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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

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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: STARBUCKS #10106	BUSINESS PHONE: (559) 924-8905	RECORD ID#: PR0006632	DATE: January 27, 2011
FACILITY SITE ADDRESS: 855 N LEMOORE AVE 70	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: STARBUCKS CORPORATION	CERTIFIED FOOD HANDLER: JOHNNY BONILLA	EXP DATE: 9/18/2011	INSPECTOR: Veronica Santa Cruz-REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
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Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The back hand wash sink's soap dispenser was observed coming undone from being mounted to the wall.

General Comments:

Hand wash sinks were stocked with soap, paper towels, and hot water.
Cold holding units measured at satisfactory temperatures.
Mechanical dishwasher's final rinse temperature registered at 184°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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Angela Ritchie

Received By: _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: STARBUCKS #10106	BUSINESS PHONE: (559) 924-8905	RECORD ID#: PR0006632	DATE: August 05, 2010
FACILITY SITE ADDRESS: 855 N LEMOORE AVE 70	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: STARBUCKS CORPORATION	CERTIFIED FOOD HANDLER: JOHNNY BONILLA	EXP DATE: 9/18/2011	INSPECTOR: Veronica Santa Cruz-REHS

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

Description/Corrective Action: Observed build up of debris in various cabinets. Please routinely clean the interior of the cabinets to prevent the possibility of attracting vermin.

General Comments:

Hand wash stations were stocked with the soap, paper towels, and hot water.
Cold holding units measured at 41°F or below.
Ice machine was observed to be clean and free of debris.
Mechanical dishwasher's final rinse temperature measured at 185°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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:
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David T. Jock

Received By: _____

Veronica Santa Cruz-REHS

Agency Representative

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