



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: THE BODY SHOP HEALTH CLUB	BUSINESS PHONE: (559) 924-2334	RECORD ID#: PR0006273	DATE: September 08, 2011
FACILITY SITE ADDRESS: 224 W D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KEVIN JONES	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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: Since the facility does make supplemental shakes, someone from the facility will be required to take and pass the managers certified food handler certificate within 60 days. A list of providers was left with the person in charge.

General Comments:

The juice bar the facility currently had was relocated to the front of the facility. As a result of the move that was made, it was observed that a Zoeller pump/holding tank of 20 gallons was installed and connected to the citysewer line by running a pipe that runs through the facility's attic. The three compartment, ice machine, and handwash are all connected to the system; however, the three compartment lacks an air gap and is not visibly indirectly drained like the ice machine is currently.

Documentation must be provided to our department by September 15, 2011 that proves the Zoeller system has an air gap that indirectly drains into the city sewer line. If the Zoeller system lacks a mechanism that allows the three compartment system to have an air gap that indirectly drains, the three compartment sink must be re-connected to allow it to be indirectly drained.

The handwash and three compartment sink must be permanently mounted and sealed to the wall. Also, a backsplash must be installed 18 inches up the wall where the three compartment sink is located. A paper towel dispenser must also be installed next to the handwash sink.

Please note that if the facility decides to remodel the facility once again, our department must be notified prior to construction taking place.

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

Jerry Brewer

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: THE BODY SHOP HEALTH CLUB	BUSINESS PHONE: (559) 924-2334	RECORD ID#: PR0006273	DATE: June 28, 2010
FACILITY SITE ADDRESS: 224 W D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KEVIN JONES	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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The hand wash station was not stocked with paper towels. Please make sure the hand wash station is always stocked with soap, paper towels, and hot water.

General Comments:

Cold holding unit storing dairy products measured at 45°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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Erica Quozh

Received By:

Veronica Santa Cruz-REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: THE BODY SHOP HEALTH CLUB	BUSINESS PHONE: (559) 924-2334	RECORD ID#: PR0006273	DATE: April 14, 2009
FACILITY SITE ADDRESS: 224 W D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KEVIN JONES	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: None Noted

General Comments:

Observed hand wash station and restroom fully stocked with soap and paper towels.

Cold unit storing bottled drinks and milk products was noted at 41°F.

Reach-in unit storing whip cream, milk products, and juices measured at 45° F.

Facility sells blended drinks/smoothies and energy/power bars.

Facility is in satisfactory operating condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Jerry Bunker

Received By:

Susan Lee-Yang - REHS

Agency Representative

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