



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/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TRAVELODGE	BUSINESS PHONE: (415) 850-5742	RECORD ID#: PR0008976	DATE: January 26, 2017
FACILITY SITE ADDRESS: 877 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUNAY HOSPITALITY CORP	CERTIFIED FOOD MANAGER: CHIRAG PATEL	EXP DATE: 1/4/2021	INSPECTOR: Veronica Ochoa -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: The floors in the kitchen were sticky and needed to be cleaned. Also, the hood needs to be serviced by professional company to remove any grease build-up from cooking.

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water.
The reach-in cold holding unit measured at 38F.
The mechanical dishwasher's chlorine sanitizer measured at 100 ppm.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:
Reinspection Date (on or after): N/A
 Potential Food Safety All Star:

Received By:

Veronica Ochoa -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: TRAVELODGE	BUSINESS PHONE: (415) 850-5742	RECORD ID#: PR0008976	DATE: July 06, 2016
FACILITY SITE ADDRESS: 877 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUNAY HOSPITALITY CORP	CERTIFIED FOOD MANAGER: 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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed waffle mix packages stored directly on the ground. Ensure all food products are stored at least six inches above the ground.

General Comments:

Hand wash station has hot water, soap and paper towels.

Cold holding unit was noted satisfactory.

Chlorine sanitizer for dishwasher was noted at 100 ppm.

Facility is in satisfactory operating condition.

RESULTS OF EVALUATION: [X] PASS [] NEEDS IMPROVEMENT [] FAIL

Reinspection Required: Yes: [] No: [X]

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

Susan Lee-Yang - REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TRAVELODGE	BUSINESS PHONE: (415) 850-5742	RECORD ID#: PR0008976	DATE: December 08, 2015
FACILITY SITE ADDRESS: 877 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUNAY HOSPITALITY CORP	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Veronica Ochoa -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: The facility's two compartment sink was observed leaking from the top of the faucet, please repair this issue.

All of the facility's hood baffles were observed missing. Cooking should not be taking place without the hood baffles. As a result, prior to reopening, the hood baffles must be placed within the hood.

Violation: VERMIN INFESTATION [HSC 114259.1]

Description/Corrective Action: Several rodent droppings were observed in the back storage area and the facility's commercial cold holding unit. Many of the rodent droppings were observed on dishes and pots. As a result of this infestation, the facility will not be allowed to serve breakfast or rent the hall until the entire area has been cleaned and all of the dishes and utensil have been washed, rinsed, and sanitized. Also, receipts from a professional pest control company must be shown to our Department to verify that this kitchen area has been serviced.

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

Description/Corrective Action: The facility's three compartment sink which serves as the hand wash station did not have functioning soap dispensers. These soap dispensers did not have hand soap nor was their hand soap within the vicinity. Hand soap and paper towels must always be present near hand wash stations.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The facility's non-commercial cold holding unit measured at 47F. The facility should replace this unit with a commercial unit and ensure all cold holding units measure at 41F or below.

Please obtain shelving for the one commercial cold holding unit the facility has.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: The facility's mechanical dishwasher measured at 0 ppm of chlorine. As a result, someone must service the dishwasher so that it measures at 50 ppm of chlorine.

Violation: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The facility currently does not have proof of a food manager. The person who works as the chef allegedly has a food manager certificate; therefore, when the reinspection occurs for the facility to reopen, our Department will ask to view the certification.

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