



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

<b>FACILITY NAME:</b> JACK IN THE BOX - LMR #517	<b>BUSINESS PHONE:</b> (559) 625-4887	<b>RECORD ID#:</b> PR0000443	<b>DATE:</b> January 05, 2017
<b>FACILITY SITE ADDRESS:</b> 31 E HANFORD-ARMONA RD	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> VTP ENTERPRISES/ RANDY ROBERTSON	<b>CERTIFIED FOOD MANAGER:</b> VANESSA PEREZ	<b>EXP DATE:</b> 4/20/2021	<b>INSPECTOR:</b> Abel Simon - 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:** Observed the women's restroom to have an automatic paper towel dispenser that was not functioning. Store manager repaired this during the inspection.

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

**Description/Corrective Action:** REPEAT: The area underneath the fryer grill was observed to be exposed cement. This was observed in the last routine inspection. Store manager stated that the repair request has been made and it should be repaired by this week. The fryer grill was observed to have wheels on it so that cleaning underneath it would be easier.

**General Comments:**

All hand wash station were observed to be fully stocked with hot water, soap, and paper towels.

All cold holding units were observed to be holding at or below 41°F.

All hot holding temperatures were observed to be above 135°F.

All food items were observed to be above the floor six inches.

The restrooms were observed to be fully stocked.

During the inspection, the store manager stated that there was plans for the entire facility to be remodeled from the inside, out. Please note to submit a plan check to our department prior to having any remodeling take place. Store manager stated that the remodel is scheduled to occur sometime this year. Should you have any questions please contact our department at (559) 584-1411. Thank you.

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



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<b>FACILITY SITE ADDRESS:</b> 31 E HANFORD-ARMONA RD	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> VTP ENTERPRISES/ RANDY ROBERTSON	<b>CERTIFIED FOOD MANAGER:</b> VANESSA PEREZ	<b>EXP DATE:</b> 4/20/2021	<b>INSPECTOR:</b> Abel Simon - REHS

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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:

Abel Simon - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD MANAGER, EXP DATE, INSPECTOR.

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 missing tiles underneath the grill located directly behind the cashier register. All floor finishes must be complete with smooth finishes as stated in Section 113982 of the California Retail Food Code. Per Section 113982, (a)(1) Food shall be transported in a manner that meets the following requirements: The interior floor, sides, and top of the food holding area shall be constructed of a smooth, washable, impervious material capable of withstanding frequent cleaning. Please make sure that this section is finished before the next routine inspection.

General Comments:

- All hand wash sinks were observed to be fully stocked with hot water, soap, and paper towels.
All cold holding units measured at or below 41°F.
All hot holding food temperatures were measured to be above 135°F.
All items in the walk in were noted to be above the floor six inches.
Restrooms were observed to be fully stocked.
Overall organization was observed to be well maintained.
Thank you.

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:

Handwritten signature in blue ink.

Received By:

Abel Simon - REHS
Agency Representative

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<b>FACILITY NAME:</b> JACK IN THE BOX - LMR #517	<b>BUSINESS PHONE:</b> (559) 625-4887	<b>RECORD ID#:</b> PR0000443	<b>DATE:</b> January 14, 2016
<b>FACILITY SITE ADDRESS:</b> 31 E HANFORD-ARMONA RD	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> VTP ENTERPRISES	<b>CERTIFIED FOOD HANDLER:</b> Thomas E Moran	<b>EXP DATE:</b> 6/27/2017	<b>INSPECTOR:</b> Abel Simon - 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:** Ice machine scoop was observed to be in the ice. Please make sure to place ice scoop in the designated area when it is not in use. This was corrected on site.

**General Comments:**

All cold holding units were observed to be below 41°F.

All hot holding food items were noted to be above 135°F.

Hand wash sinks were fully stocked.

Food items in the walk-in refrigerator were noted to be labeled and properly covered.

Thank you.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> <b>Reinspection Date (on or after):</b> N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By:

Abel Simon - REHS

Agency Representative

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