



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: LEMOORE TRINITY ASSOCIATION	BUSINESS PHONE: (559) 924-1969	RECORD ID#: PR0008439	DATE: May 06, 2015
FACILITY SITE ADDRESS: 470 CHAMPION ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LEMOORE TRINITY	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 COLD HOLDING TEMPERATURE(S)

[HSC 113996]

Description/Corrective Action: The facility's reach-in cold holding unit measured at 51F. This unit must hold the food items inside the unit at 41F or below. The operator of the facility indicated that the unit would be repaired tomorrow, as a refrigeration company was called at the time of inspection.

General Comments:

This facility serves as a commissary for catering events.
Hand wash station was stocked with soap, paper towels, and hot water.
Bleach sanitizer and dish soap was made available at the warewashing sink.
The ice machine was observed properly maintained.

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 Santa Cruz-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: LEMOORE TRINITY ASSOCIATION	BUSINESS PHONE: (559) 924-1969	RECORD ID#: PR0008439	DATE: April 23, 2014
FACILITY SITE ADDRESS: 470 CHAMPION ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LEMOORE TRINITY	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 COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The facility's reach-in refrigerator measured between 49-50F. Please repair this unit so that food in the unit measures at or below 41F.

General Comments:

The large two compartment sink was equipped with hot water, soap, and paper towels as well as sanitizer. The facility was observed well maintained; however, please make sure to repair the refrigeration unit.

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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Day Lopez

Received By:

Veronica Santa Cruz-REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE TRINITY ASSOCIATION	BUSINESS PHONE: (559) 924-1969	RECORD ID#: PR0008439	DATE: May 06, 2013
FACILITY SITE ADDRESS: 470 CHAMPION ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LEMOORE TRINITY	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: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Reach-in refrigerator was noted above 41° F.
Lower thermostat and call service technician if unit is not able to maintain at least 41°F or below.

General Comments:

Restroom and hand wash station had hot and cold water, soap, and paper towels.

Observed hood baffles and ice machine clean.

Facility is clean and well maintained.

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:

Susan Lee-Yang - REHS

Agency Representative

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