



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> LEMOORE DONUTS	<b>BUSINESS PHONE:</b> (559) 287-6987	<b>RECORD ID#:</b> PR0000305	<b>DATE:</b> November 02, 2016
<b>FACILITY SITE ADDRESS:</b> 161 W HANFORD-ARMONA RD STE I	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LOGAN TAK	<b>CERTIFIED FOOD MANAGER:</b> LOGAN TAK	<b>EXP DATE:</b> 11/15/2016	<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: None Noted

General Comments:

Hand wash station was observed to be fully stocked.

All refrigeration units were noted to be at or below 41°F.

The restroom was observed to be fully stocked.

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

The restroom was observed to be fully stocked.

Thank you.

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

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



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<b>FACILITY NAME:</b> LEMOORE DONUTS	<b>BUSINESS PHONE:</b> (559) 287-6987	<b>RECORD ID#:</b> PR0000305	<b>DATE:</b> May 25, 2016
<b>FACILITY SITE ADDRESS:</b> 161 W HANFORD-ARMONA RD STE I	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LOGAN TAK	<b>CERTIFIED FOOD MANAGER:</b> LOGAN TAK	<b>EXP DATE:</b> 11/15/2016	<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: None Noted

General Comments:

Hand wash station was observed to be fully stocked with hot water, soap, and paper towels.

Cold holding reach in refrigerator was observed to be holding at or below 41°F.

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

Restroom was observed to be fully stocked.

Kitchen area was observed to be well maintained and organized.

As a reminder, the food manager's certification for this facility is set to expire in November of this month. Please be sure to renew the certification before the next routine inspection.

Thank you.

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:

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> LEMOORE DONUTS	<b>BUSINESS PHONE:</b> (559) 905-2213	<b>RECORD ID#:</b> PR0000305	<b>DATE:</b> December 03, 2015
<b>FACILITY SITE ADDRESS:</b> 161 W HANFORD-ARMONA RD STE I	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LOGAN TAK	<b>CERTIFIED FOOD HANDLER:</b> LOGAN TAK	<b>EXP DATE:</b> 11/15/2016	<b>INSPECTOR:</b> ABEL SIMON

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 HANDWASHING PROCEDURES BY FOODHANDLERS [HSC 113953-113953.4]

**Description/Corrective Action:** Observed food handler serve donuts with tongs but did not wash their hands prior to handling food. Operator was made aware that hand washing should always be done prior to handling food.

**General Comments:**

Cold holding units noted to be at or below 41°F.

All dry storage food items were observed to be above the floor 6 inches.

Hand wash sink was observed to be fully stocked with hot water, soap, and paper towels.

Thank you.

**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

Agency Representative

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