



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 FOOD LOCKER	BUSINESS PHONE: (559) 924-2390	RECORD ID#: PR0000376	DATE: August 25, 2016
FACILITY SITE ADDRESS: 205 FOX ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DESI S VERISSIMO	CERTIFIED FOOD MANAGER: NATALIE M. VERISSIMO	EXP DATE: 5/10/2021	INSPECTOR: 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: Observed three bags of frozen meat (head) on the floor of the freezer. This was brought to the attention of the employee on site. Employee moved the head on to a rack. Please make sure to keep all food products above the floor at all times to prevent possible cross contamination.

General Comments:

The hand wash station was observed to be fully stocked.

The restroom was observed to be fully stocked.

The temperature of the walk-ins and the cold holding unit in the front of the facility were observed to be at or below 41°F.

Except for the above noted violation, all other items in the facility were observed to be well maintained and organized.

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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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE FOOD LOCKER	BUSINESS PHONE: (559) 924-2390	RECORD ID#: PR0000376	DATE: February 23, 2016
FACILITY SITE ADDRESS: 205 FOX ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DESI S VERISSIMO	CERTIFIED FOOD HANDLER: NATALIE M. VERISSIMO	EXP DATE: 1/29/2016	INSPECTOR: 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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: Current food manager's certification expired in January of this year. Please send in current food manager's certification within 30 days.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed two boxes of frozen meat on the floor of the walk in refrigeration unit located nearest to the meat chopping area. All items must be stored above the floor 6 inches.

General Comments:

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

Hand wash are was observed to be fully stocked.

Observed proper handwashing procedures from employees.

A follow up visit will be conducted to verify that food manager's certification is current on or after March 23, 2016.

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

FACILITY NAME: LEMOORE FOOD LOCKER	BUSINESS PHONE: (559) 924-2390	RECORD ID#: PR0000376	DATE: August 07, 2015
FACILITY SITE ADDRESS: 205 FOX ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DESI S VERISSIMO	CERTIFIED FOOD HANDLER: NATALIE M. VERISSIMO	EXP DATE: 1/29/2016	INSPECTOR: 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: None Noted

General Comments:

All cold holding temperatures in the walk-ins were noted at being below 41°F.

Hand wash station was observed to have hot water, soap, and paper towels.

Thank you.

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

Received By: _____

ABEL SIMON

Agency Representative _____

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