



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 SENIOR CENTER	BUSINESS PHONE: (559) 924-7791	RECORD ID#: PR0008618	DATE: January 24, 2017
FACILITY SITE ADDRESS: 797 S 18TH ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LINDA LAWRENCE/ROSALIE DELAROSA	CERTIFIED FOOD MANAGER: JOSEPHINE J. WOOD	EXP DATE: 1/25/2019	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: None Noted

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water.
The walk-in refrigerator measured at 40F.
During today's inspection, chicken fried steak was being prepared.

Construction plans to remodel the facility have been approved by this Department; however, construction has not begun.

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: LEMOORE SENIOR CENTER	BUSINESS PHONE: (559) 924-7791	RECORD ID#: PR0008618	DATE: July 13, 2016
FACILITY SITE ADDRESS: 797 S 18TH ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LINDA LAWRENCE/ROSALIE DELAROSA	CERTIFIED FOOD MANAGER: JOSEPHINE J. WOOD	EXP DATE: 1/25/2019	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 COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The facility's walk-in refrigerator ambient temperature measured at 45F. The unit may have been slightly higher than 41F due to employees entering and exiting in preparation of lunch. Please ensure the food items in this unit are maintained at or below 41F.

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

Description/Corrective Action: The facility's hood baffles need to be professionally cleaned. Please contact a company so that the hood may be professionally steam cleaned. Lack of proper cleaning can lead to a fire occurring due to grease build up.

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water. The chlorine sanitizer in the three compartment sink measured at 100 ppm.

During today's inspection it was mentioned that this facility will be remodeled. Prior to any remodeling taking place, construction plans and equipment list must be submitted to our Department for review and approval. Please address the noted violations in a timely manner.

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:

Josephine J Wood

Received By:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE SENIOR CENTER	BUSINESS PHONE: (559) 924-7791	RECORD ID#: PR0008618	DATE: January 27, 2016
FACILITY SITE ADDRESS: 797 S 18TH ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LINDA LAWRENCE/ROSALIE DELAROSA	CERTIFIED FOOD HANDLER: JOSEPHINE J. WOOD	EXP DATE: 1/25/2019	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: None Noted

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water.
Chlorine sanitizer in the three compartment sink measured at 100 ppm.
The walk-in cold holding unit measured at 41F.
During the inspection, the operator was preparing chicken as well as turkey sandwiches.

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

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