



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> LITTLE CAESARS	<b>BUSINESS PHONE:</b> (209) 924-8896	<b>RECORD ID#:</b> PR0009628	<b>DATE:</b> December 05, 2016
<b>FACILITY SITE ADDRESS:</b> 215 W HANFORD-ARMONA RD	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KMART CORPORATION	<b>CERTIFIED FOOD MANAGER:</b> BRIANNE WYNNE	<b>EXP DATE:</b> 8/22/2020	<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.

The temperature of the walk-in refrigerator was noted to be below 41°F.

All dry foods were noted to be above the floor.

All food items in cold and dry storage were observed to be covered with lids.

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:

Abel Simon - REHS

Received By:

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> LITTLE CAESARS PIZZA	<b>BUSINESS PHONE:</b> (424) 206-2906	<b>RECORD ID#:</b> PR0006778	<b>DATE:</b> August 03, 2016
<b>FACILITY SITE ADDRESS:</b> 855 N LEMOORE AVE STE. 80	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JEFFREY MANQUEN	<b>CERTIFIED FOOD MANAGER:</b> Aldean L. Sawyer	<b>EXP DATE:</b> 11/20/2018	<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:

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

The temperature of the walk-in refrigeration unit and cold holding prep table was observed to be below 41°F.

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

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

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:

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> LITTLE CAESARS	<b>BUSINESS PHONE:</b> (209) 924-8896	<b>RECORD ID#:</b> PR0009628	<b>DATE:</b> June 02, 2016
<b>FACILITY SITE ADDRESS:</b> 215 W HANFORD-ARMONA RD	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KMART CORPORATION	<b>CERTIFIED FOOD MANAGER:</b> VICTORIA VALLADARES	<b>EXP DATE:</b> 10/18/2018	<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:** REPEAT: Observed baking sheet and another container being stored in the mop sink. This was observed in the last routine inspection. Please discontinue this practice. This is the second time this has been noted.

**Violation:** NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

**Description/Corrective Action:** There is no current food manager's certification on site. Facility has a new manager of this year. Please have this person complete the course and send in a copy of the card with in 60 days.

**General Comments:**

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

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

All cold holding temperatures including the walk-in refrigerator was observed to be holding below 41°F.

Sinks were observed to have hot and cold water.

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

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