



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: PIZZA HUT #103201	BUSINESS PHONE: (559) 924-2000	RECORD ID#: PR0003538	DATE: September 13, 2016
FACILITY SITE ADDRESS: 1029 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CALPAC PIZZA LLC	CERTIFIED FOOD MANAGER: Luis Angel	EXP DATE: 7/21/2021	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: None Noted

General Comments:

Hand wash stations were observed to be fully stocked.

The temperature of the cold holding units was noted to be below 41°F.

Sanitizer in the mechanical warewashing machine was observed to be at 100 PPM of Chlorine.

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

Restrooms were observed to be fully stocked.

Observed good hand washing procedures from employees working.

Observed slight grease build up on the floor near the fryer in the fryer behind the pizza oven. Please make sure to clean this and continue to clean the facility regularly.

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: PIZZA HUT #103201	BUSINESS PHONE: (559) 924-2000	RECORD ID#: PR0003538	DATE: March 01, 2016
FACILITY SITE ADDRESS: 1029 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CALPAC PIZZA LLC	CERTIFIED FOOD HANDLER: Anthony A Magana	EXP DATE: 5/22/2019	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: None Noted

General Comments:

All cold holding units were noted to be holding below 41°F.

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

Food manager certification was current and available on site.

All items in the refrigerator were properly labeled.

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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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: PIZZA HUT #103201	BUSINESS PHONE: (559) 924-2000	RECORD ID#: PR0003538	DATE: September 01, 2015
FACILITY SITE ADDRESS: 1029 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CALPAC PIZZA LLC	CERTIFIED FOOD HANDLER: Anthony A Magana	EXP DATE: 5/22/2019	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed a missing cover for the floor drain underneath the dishwasher. Food operator provided the cover on site. Please keep the cover to prevent food from causing a blockage in the drain.

General Comments:

All cold holding units were noted at being below 41°F.
 Hand wash sinks were observed to be fully stocked with hot water, soap, and paper towels.
 The walk-in refrigerators were noted to be organized and well maintained.
 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

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