



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: RITE-AID #6475	BUSINESS PHONE: (717) 761-2633	RECORD ID#: PR0006640	DATE: December 09, 2016
FACILITY SITE ADDRESS: 820 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: THRIFTY PAYLESS INC	CERTIFIED FOOD MANAGER: Shaun P Lamar	EXP DATE: 10/15/2019	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: SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]

Description/Corrective Action: Observed one can of Pampa Mango Slices (15 oz) to be excessively dented. This can was voluntarily discarded by the store manager.

General Comments:

Hand wash station behind the ice cream area was noted to be fully stocked.
All dry canned foods on the floor sales area were observed to be above the floor six inches.
The temperature inside the cold holding case was noted to be below 41°F.
Items in the back warehouse were noted to be above the floor and well maintained.
The restrooms were 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 - 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: RITE-AID #6475	BUSINESS PHONE: (717) 761-2633	RECORD ID#: PR0006763	DATE: June 09, 2016
FACILITY SITE ADDRESS: 820 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: THRIFTY PAYLESS INC	CERTIFIED FOOD MANAGER: Shaun P Lamar	EXP DATE: 10/15/2019	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:

A follow-up re-inspection was performed today of this facility to verify compliance with required corrective actions for violations noted on the last routine inspection or re-inspection. The following was noted during today's inspection:

There was a current food manager's certification on site. Please make sure to keep a copy of this certification on site. Should that employee no longer work here, please make sure another current employee obtains their food manager's certification.

Thank you for correcting the issues in such a timely manner.

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

Abel Simon - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: RITE-AID #6475	BUSINESS PHONE: (717) 761-2633	RECORD ID#: PR0006640	DATE: May 25, 2016
FACILITY SITE ADDRESS: 820 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: THRIFTY PAYLESS INC	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	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: REQUIREMENT NOT MET FOR CALIFORNIA FOOD HANDLER CARD LAW

Description/Corrective Action: THIRD NOTICE: There is no current food handler's card on site. This is the third time this has been noted. A re-inspection has been scheduled to verify that an employee on site has obtained the food handler's card.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed the floor drain underneath the hand wash sink located behind the ice cream station to have mold build-up in it. Please make sure to routinely clean this out. Additionally, there was an odor of sewage coming from this area. There was no sign of sewage back up. Should there be any issues regarding plumbing at this station, please contact a licensed professional for repairs.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The hand wash station located behind the ice cream counter was observed to have the paper towels sitting on the counter. Please make sure to keep the paper towels in the dispenser provided.

General Comments:

Observed the dipper well to be fully functioning in the ice cream area of the store.

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

All cold holding reach-in units were observed to be holding their temperatures below 41°F.

The restrooms were observed to be fully stocked.

Please make sure to correct the above noted issues.

A re-inspection will be performed on or after June 8, 2016 at no charge to verify compliance with today's noted violations.

Should additional re-inspections be required, the facility will be assessed \$225 per inspection.

Thank you.

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