



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> TERI'S FRONT ST GRILL	<b>BUSINESS PHONE:</b> (559) 924-6359	<b>RECORD ID#:</b> PR0000392	<b>DATE:</b> April 01, 2016
<b>FACILITY SITE ADDRESS:</b> 219 E ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> CONSTRUCTION/EQUIPMENT INSF
<b>OWNER NAME:</b> ROBERT SCHOENWETTER	<b>CERTIFIED FOOD HANDLER:</b> ROBERT SCHOENWETTER	<b>EXP DATE:</b> 2/25/2017	<b>INSPECTOR:</b> 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:

Today's inspection was prompted by the owner wanting to install a walk-in refrigerator to store alcohol either outdoors on a concrete slab or in the room that is adjacent to the bar area. If the walk-in refrigerator is installed in the adjacent room, the mop sink, water heater, and reach-in refrigerator would have to be relocated. The owner was thinking of reinstalling the mop sink and water heater outside and removing the reach-in refrigerator. Should the mop sink and water heater be relocated outside, a concrete slab extending from the outdoor back parking lot to where the water heater and mop sink area would located would have to be installed. The mop sink would also have to be plumbed to the facility's sewer line.

Please let our Department know which route one would like to take to have the walk-in refrigerator installed and make sure to pull any permits with the City of Lemoore before any construction begins. An inspection after construction is complete would have to be conducted by our Department as well.

<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> 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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<b>FACILITY NAME:</b> TERI'S FRONT ST GRILL	<b>BUSINESS PHONE:</b> (559) 924-6359	<b>RECORD ID#:</b> PR0000392	<b>DATE:</b> March 01, 2016
<b>FACILITY SITE ADDRESS:</b> 219 E ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ROBERT SCHOENWETTER	<b>CERTIFIED FOOD HANDLER:</b> ROBERT SCHOENWETTER	<b>EXP DATE:</b> 2/25/2017	<b>INSPECTOR:</b> 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:** REQUIREMENT NOT MET FOR CALIFORNIA FOOD HANDLER CARD LAW

**Description/Corrective Action:** Proof of employees food handler cards could not be shown during today's inspection. As a result, anyone who handles, prepares, or serves food items must take and pass a food handler course within the next 30 days. Certificates must be kept onsite and made available upon inspection. This violation was written on the facility's last inspection report.

**General Comments:**

Hand wash station and restrooms were stocked with soap, paper towels, and hot water.  
Cold holding units measured at or below 41F.  
The facility recently renovated the dining area of the facility by replacing the floor and repainting the brick walls. Should the owner decide to renovate the bar, kitchen, or restroom areas our Department must be notified and plans must be submitted prior to construction beginning.  
Please correct the noted violation within the next 30 days.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> <b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:
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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> TERI'S FRONT ST GRILL	<b>BUSINESS PHONE:</b> (559) 924-6359	<b>RECORD ID#:</b> PR0000392	<b>DATE:</b> July 14, 2015
<b>FACILITY SITE ADDRESS:</b> 219 E ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ROBERT SCHOENWETTER	<b>CERTIFIED FOOD HANDLER:</b> ROBERT SCHOENWETTER	<b>EXP DATE:</b> 2/25/2017	<b>INSPECTOR:</b> Veronica Santa Cruz-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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The facility's hood baffles had an excessive amount grease. Please make sure to have the hood baffles cleaned on a routine basis.

Violation: NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES

Description/Corrective Action: Employees food handler cards were not available during today's inspection. Please ensure all employees food handler cards are up-to-date and that they are made available upon inspection.

General Comments:

Hand wash station and restrooms were stocked with soap, paper towels, and hot water. Cold holding units measured at or below 41F. Please make sure to 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:

*Elona Qcain*

Veronica Santa Cruz-REHS

Received By:

Agency Representative

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