



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: THE BODY SHOP HEALTH CLUB INC.	BUSINESS PHONE: (559) 924-2334	RECORD ID#: PR0009295	DATE: November 16, 2016
FACILITY SITE ADDRESS: 224 W D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MIKE & COLLEEN ROYER	CERTIFIED FOOD MANAGER: MICHEAL ROYER	EXP DATE: 3/6/2019	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:

The hand wash sink was observed to be fully stocked with hot water, soap, and paper towels.

The cold holding unit was observed to be holding below 41°F.

The three compartment sink was observed to have hot and cold water.

The water appeared to stall as it went down the drain for the hand wash sink and the three compartment sink but eventually cleared and flowed without an issue. Please make sure to observe when or if this issue is reoccurring and contact a plumber as needed to repair the issue.

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

FACILITY NAME: THE BODY SHOP HEALTH CLUB INC.	BUSINESS PHONE: (559) 924-2334	RECORD ID#: PR0009295	DATE: May 04, 2016
FACILITY SITE ADDRESS: 224 W D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MIKE & COLLEEN ROYER	CERTIFIED FOOD MANAGER: MICHEAL ROYER	EXP DATE: 3/6/2019	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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The hand wash station had hot water and soap but did not have paper towels in the dispenser located to the left of it. Operators were using a roll of paper towels in lieu of the dispenser. Please make sure fill in dispenser and keep the hand wash station fully stocked at all times.

General Comments:

The cold holding unit on site was noted to be below 41°F.

The three compartment sink and hand wash sink was observed to have hot and cold water. There were no back up of water observed in the floor drain as noted in the last routine and follow up inspections. Should this issue occur in the future, please make sure to immediately correct the issue.

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

Received By:

Abel Simon - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: THE BODY SHOP HEALTH CLUB INC.	BUSINESS PHONE: (559) 924-2334	RECORD ID#: PR0009295	DATE: August 19, 2015
FACILITY SITE ADDRESS: 224 W D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: 2ND+ FOLLOWUP INSPECTION
OWNER NAME: MIKE & COLLEEN ROYER	CERTIFIED FOOD HANDLER: MICHEAL ROYER	EXP DATE: 3/6/2019	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:

Today's third reinspection revealed that the facility's drain issue was fully repaired. As a result, this drain will be suitable to utilize as long as it is good operational order. During the facility's last reinspection, it was mentioned that plans to relocate the gym is in progress and that construction plans will be submitted to our Department to construct a new juice bar. Please make sure to send construction plans to our Department as well as to the City of Lemoore prior to beginning construction of the new gym.

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