



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: WALGREENS #11612	BUSINESS PHONE: (559) 925-6510	RECORD ID#: PR0007527	DATE: January 10, 2017
FACILITY SITE ADDRESS: 12 W HANFORD-ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: WALGREENS CORPORATION	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: None Noted

General Comments:

Cold holding walk-in was noted to be below 41°F.

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

Restrooms were 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:

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: WALGREENS #11612	BUSINESS PHONE: (559) 925-6510	RECORD ID#: PR0007527	DATE: January 15, 2016
FACILITY SITE ADDRESS: 12 W HANFORD-ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: WALGREENS CORPORATION	CERTIFIED FOOD HANDLER: 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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed three bags of ice on the floor of the walk-in freezer. Please keep all food items above the floor at least 6 inches. This was corrected on site.

General Comments:

All cold holding temperatures were noted at being below 41°F.

All items on the floor sales area were observed to be above the floor.

General floor sales area was observed to be organized.

Restrooms were noted 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:

Abel Simon - REHS

Received By:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: WALGREENS #11612	BUSINESS PHONE: (559) 925-6510	RECORD ID#: PR0007527	DATE: July 24, 2015
FACILITY SITE ADDRESS: 12 W HANFORD-ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: WALGREENS CORPORATION	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed cases of Dryer's chocolate ice cream to be on the floor of the walk-in refrigerator. As a reminder, please make sure to keep all foods above the floor 6 inches in both walk-ins and general floor sales area.

General Comments:

All cold holding was noted to be at or below 41°F.
All dry storage area was noted to be well maintained.
General floor sales area was observed to be organized.
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

Agency Representative

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