



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: CITY OF LEMOORE RECREATION CENTER	BUSINESS PHONE: (559) 924-6767	RECORD ID#: PR0009599	DATE: December 14, 2016
FACILITY SITE ADDRESS: 721 W CINNAMON DR	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CITY OF LEMOORE	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The entire facility, especially the floors need to be cleaned. Please make sure to clean the facility after every use.

The facility's three compartment sink is no longer mounted against the wall. Please re-mount the sink and seal it with a clear sealant to the wall.

The facility's ice machine has pink mildew built-up. Please clean the inside of the ice machine by removing the ice and getting a cloth with bleach water and wiping off the mildew.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.
Cold holding units measured at or below 41F.
Please address the noted violations in a timely manner.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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:

Veronica Ochoa

Received By:

Veronica Ochoa -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: LEMOORE RECREATION	BUSINESS PHONE: (559) 924-6767	RECORD ID#: PR0009599	DATE: August 06, 2015
FACILITY SITE ADDRESS: 721 W CINNAMON DR	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LEMOORE RECREATION	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: Since the Lemoore Recreation is utilized to prep and serve food to the public, someone from the facility must take and pass the food manager's course within 60 days. When the food manager's certificate is obtained, please make sure to provide our Department with a copy.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The facility's hood baffles need to be professionally cleaned. Please hire a company to complete this task. Also, the floor sinks to the three compartment sink and ice machine need to be cleaned, as a build-up of slime is started to accumulate.

Please obtain a plastic container to store the ice scoop and ensure the ice scoop along with the container are washed, rinsed, and sanitized on a routine basis.

Please make sure to maintain the floors cleaned at all times.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.
 The dry storage area was nicely organized.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Signature

Received By:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CITY OF LEMOORE RECREATION CENTER	BUSINESS PHONE: (559) 924-6767	RECORD ID#: PR0009630	DATE: November 04, 2014
FACILITY SITE ADDRESS: 721 W CINNAMON ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: CONSTRUCTION/EQUIPMENT INSF
OWNER NAME: CITY OF LEMOORE	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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: None Noted

General Comments:

Today's construction inspection took place to ensure the Lemoore Recreation Complex kitchen was built according to the plans submitted. The facility was properly constructed. All of the equipment installed was of commercial grade. The cold holding units measured at or below 41F and the facility was equipped with hot water. All of the hand wash stations were stocked with soap and paper towels. The three compartment sink and ice machine were indirectly drained into a floor sinks. The mop sink was equipped with hot and cold running water.

Prior to renting the facility for use, the following items must be conducted:

1. The grease trap interceptor must be installed underneath the three compartment sink.
2. A trash enclosure that is sloped to a drain must be installed. The area where the trash enclosure will be installed already is plumbed for hot and cold running water. Also a grease bin must be located in the trash enclosure area prior to use.
3. Dish soap and sanitizer (quat ammonia or bleach) must be placed near the three compartment sink.

The fire department as well as the City of Lemoore has approved the facility to operate; however, please address the three listed items prior to operating.

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 Santa Cruz-REHS

Agency Representative

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