



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> DELI DELICIOUS #31	<b>BUSINESS PHONE:</b> (559) 730-8400	<b>RECORD ID#:</b> PR0009646	<b>DATE:</b> January 10, 2017
<b>FACILITY SITE ADDRESS:</b> 885 N LEMOORE AVE STE 100	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SCOT GOBLE	<b>CERTIFIED FOOD MANAGER:</b> ELISA KLAMERUS	<b>EXP DATE:</b> 10/22/2019	<b>INSPECTOR:</b> 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.  
All cold holding units including the walk-in were observed to be at or below 41°F.  
The soups were noted to be above 135°F.  
All staff on site had current food handler cards.  
All foods in dry and cold holding were observed to be covered and above the floor.  
The 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:

*Elisa Klamerus*

Received By:

*Abel Simon - REHS*

Agency Representative

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



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<b>FACILITY NAME:</b> DELI DELICIOUS #31	<b>BUSINESS PHONE:</b> (559) 730-8400	<b>RECORD ID#:</b> PR0009646	<b>DATE:</b> July 07, 2016
<b>FACILITY SITE ADDRESS:</b> 885 N LEMOORE AVE STE 100	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SCOT GOBLE	<b>CERTIFIED FOOD MANAGER:</b> ELISA KLAMERUS	<b>EXP DATE:</b> 10/22/2019	<b>INSPECTOR:</b> 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 EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

**Description/Corrective Action:** Observed a dead cricket on the floor near the exit of the kitchen. Food manger stated they did not have copies of pest control servicing this facility. Please keep copies of service invoices on site.

**General Comments:**

Hand wash station was observed to be fully stocked with hot water, soap, and paper towels.

All cold holding units including the walk-in refrigeration units were noted to be below 41°F.

Sanitizer in the three compartment sink was noted to be at 200 QUAT.

General kitchen prep area was observed to be organized and well maintained.

Thank you.

<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> N/A <input type="checkbox"/> Potential Food Safety All Star:
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*Elisa Klamen*

Received By:

*Abel Simon - REHS*

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> DELI DELICIOUS #31	<b>BUSINESS PHONE:</b> (559) 730-8400	<b>RECORD ID#:</b> PR0009646	<b>DATE:</b> January 19, 2016
<b>FACILITY SITE ADDRESS:</b> 885 N LEMOORE AVE STE 100	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SCOT GOBLE	<b>CERTIFIED FOOD HANDLER:</b> LOURDES PARRA	<b>EXP DATE:</b> 4/22/2020	<b>INSPECTOR:</b> Government Intern

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:

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

All hand wash stations had hot water, paper towels and soap.

Sanitizer in three compartment sink was noted at 200 QUAT.

Thank you. This inspection was conducted by government intern Evelyn Elizalde.

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:

Government Intern

Agency Representative

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