



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> THE WRECKING BAR	<b>BUSINESS PHONE:</b> (559) 925-1227	<b>RECORD ID#:</b> PR0009571	<b>DATE:</b> December 07, 2016
<b>FACILITY SITE ADDRESS:</b> 700 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CANDICE BURNES	<b>CERTIFIED FOOD MANAGER:</b> Kimberly R Willard	<b>EXP DATE:</b> 6/13/2018	<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:

All restrooms were observed to be fully stocked.

Hand wash stations were observed to be fully stocked.

All items in the walk-in refrigerator were observed to be well maintained and 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:

*Candice Burnes*

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> THE WRECKING BAR	<b>BUSINESS PHONE:</b> (559) 925-1227	<b>RECORD ID#:</b> PR0009571	<b>DATE:</b> May 04, 2016
<b>FACILITY SITE ADDRESS:</b> 700 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CANDICE BURNES	<b>CERTIFIED FOOD MANAGER:</b> Kimberly R Willard	<b>EXP DATE:</b> 6/13/2018	<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.  
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**Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Observed slime build up in the inside lip of the ice machine. This was brought to the attention of the operator. Please make sure to discard the ice and thoroughly clean out the inside of this unit.

**General Comments:**

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

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:

Abel Simon - REHS

Received By:

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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> THE WRECKING BAR	<b>BUSINESS PHONE:</b> (559) 925-1227	<b>RECORD ID#:</b> PR0009571	<b>DATE:</b> September 29, 2015
<b>FACILITY SITE ADDRESS:</b> 700 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CANDICE BURNES	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Luis Flores - 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:**

This facility was observed in very good operational condition.  
Refrigeration units including the walk-in box cooler were all holding beverages below 39 F.

<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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*Candice Burnes*

Received By:

*Luis Flores - REHS*

Agency Representative

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