

County of Kings - Department of Public Health

Environmental Health Serivces 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:	BUSINESS PHONE:		RECORD ID#:	DATE:	
SUSHI TABLE	(559) 925-1698		PR0009175	October 04, 2022	
FACILITY SITE ADDRESS:	CITY:		ZIP CODE:	INSPECTION TYPE:	
155 W HANFORD-ARMONA RD STE B	LEMOORE		93245	ROUTINE INSPECTION	1
OWNER NAME:	CERTIFIED FOOD MANAG	SER:	EXP DATE:	INSPECTOR:	
SUNNY LAW	COLTONN PETERSON		10/16/2024	Veronica Ochoa -REI	HS
The items (if any) listed below identify the violation(s) that must be conducted (if needed) at no charge. A serv		-		ı.	
Violation: None Noted					
General Comments:					
Today's routine inspection was prompted by a complete During today's inspection, no evidence of cockroaches service for this establishment. As a result, the complete During today's inspection, the following was observed. Hand wash stations were stocked with soap, paper 2. All cold holding units measured at or below 41. 3. Hood baffles were observed recently serviced. 4. Records of valid food handler cards were provided. 5. The chlorine sanitizer after the mechanical dishward While onsite, the owner stated that the facility installed a permit with the City of Lemoore was pulled for the the restrooms and currently has one closed due to the gender restroom and remains open. Our department as a result, the owner must indicate to our department must be easily cleanable and have a 3/4 inch radius.	es was observed. The aint could not be substed: d: er towels, and hot wate d. asher's final rinse meas ed a new water of the s installation. While onsi ne remodeling. The oth thas not received cons nt what type of flooring	owner provide antiated and antiated at 50 p same size as te, it was also truction plan	pm. the previous was noted that the has been convests for the restroct	ater heater and that owner is redoing erted to an all om remodeling and	
			Reinspection	Required: Yes:	No: X
RESULTS OF EVALUATION: X PASS NEED	DS IMPROVEMENT	FAIL	Reinspection	Date (on or after):	N/A
				Potential Food Safety All	
			Toterman ood dalety All otal.		
			Veronica Och	oa -REHS	
Received By:			Agency Repre	esentative	_
NOTE: This report m	nuet he made aveilab	ulo to the s	iblio on roques		

DA0B4MAGV 12:11 PM Page 1 of 1



County of Kings - Department of Public Health

Environmental Health Serivces 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: SUSHI TABLE	BUSINESS PHONE: (559) 925-1698	RECORD ID#: PR0009175	DATE: November 03, 2021
FACILITY SITE ADDRESS: 155 W HANFORD-ARMONA RD STE B	CITY: LEMOORE	ZIP CODE : 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUNNY LAW	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Yatee Patel - 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: General deep cleaning needed in the food prep area, including the walls behind the

cooking equipment, ceiling and floors. Observed grease and dust accumulation behind

the cooking area.

Violation: OTHER PERMIT VIOLATION

The food prep area was observed without enough lighting. Please replace all light bulbs **Description/Corrective Action:**

for the kitchen area. See California Retail Food Code for exact foot her candle required

per square footage.

Violation: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF

[HSC 113947-113947.6]

Description/Corrective Action:

Please provide a food manager certificate to our department. PIC stated that the owner

has all copies. This department was unable to update the new food manager info.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT

[HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action:

The sanitizer level was observed at 0ppm for Chlorine levels for the automatic dish washer. Operator was asked to use the 3 compartment sink with bleach (wash, rinse & sanitize) while the automatic dish washer is in repair. Please give our department an

update for the repairs.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION

[HSC 113980, 114025-114027]

Description/Corrective Action: All cooks or operators that are near the food prep area who have facial hair (long)

must wear a cover to avoid accidental cross contamination of food. This violation was

noted in the previous inspection also.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION

[HSC 113980, 114025-114027]

All chemicals that are transfered in small bottles (bleach solution) must be labeled. **Description/Corrective Action:**

Observed a spray bottle without a label that the operators use for cleaning the food

equipment area.

General Comments:

The cold holding foods and units were observed at 41F or lower. This includes the front reach in where the sushi is kept cold for prep.

Please take temperatures and log it down daily to monitor all the units.

Please fix above violations.

See complaint inspection, that prompted this inspection.

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

DA8UYNKCW 2:46 PM Page 1 of 1



County of Kings - Department of Public Health

Environmental Health Serivces 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: SUSHI TABLE	BUSINESS PHONE: (559) 925-1698	RECORD ID#: PR0009175	DATE: November 03, 2021
FACILITY SITE ADDRESS: 155 W HANFORD-ARMONA RD STE B	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUNNY LAW	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Yatee Patel - REHS
The items (if any) listed below identify the violation(s) that must be One reinspection will be conducted (if needed) at no charge. A ser			
DESILITE OF EVALUATION: DASS V NEE	DS IMPROVEMENT	Reinspection Re	equired: Yes: No: X
RESULTS OF EVALUATION: PASS X NEE	DS IMPROVEMENT FAIL	Reinspection Da	
RESULTS OF EVALUATION: PASS X NEE	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A
RESULTS OF EVALUATION: PASS X NEE	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A otential Food Safety All Star:

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