



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: DOLLAR GENERAL STORE #19053	BUSINESS PHONE: Not Specified	RECORD ID#: PR0010216	DATE: September 13, 2022
FACILITY SITE ADDRESS: 1148 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DOLGEN CALIFORNIA, LLC	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: SEM HAR GEBREGZIABIHE

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: SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]

Description/Corrective Action: Observed the following dented cans:

- 2 clover valley sweet peas
- 1 clover valley sauerkraut
- 1 del monte pineapple slices
- 1 25 oz juanita's mexican style hominy
- 1 110 oz Juanita's mexican style hominy
- 1 las palmas enchilada sauce

Please remove and discard these cans asap. Have an employee go through all cans on display to check for any source of contamination or adulteration of any kind. Thank you.

Observed an open ice cream product. The assistant manager stated the unit the item is placed in was not functioning properly. An out of order sign was posted on the unit, however the items are still accessible to customers. Please remove and discard all items in the unit, to make the items inaccessible to the public.

Violation: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Repeat violation: The hand dryer in the women's restroom was not functional. Repair/replace the air dryer and ensure they are functional or provide a wall mounted paper towel dispenser.

General Comments:

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



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FACILITY SITE ADDRESS: 1148 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DOLGEN CALIFORNIA, LLC	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: SEM HAR GEBREGZIABIHE

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.

Observations:

Restrooms had hot water and soap, again please repair/ replace the air dry in the womens restroom.

All dry storage was well maintained, clean, and placed six inches above the ground.

All refrigeration units were functioning properly at 41F.

Freezer units holding pizzas, frozen dinners, etc. was functioning properly at 0F and below.

Food aisles were observed cleaned, well maintained, and organized.

The back storage room was in satisfactory condition and was well maintained.

Overall the facility is in satisfactory condition, please correct the above noted deficiencies in a timely manner.

Thank you for your time.

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

SEM HAR GEBREGZIABIHE

Received By: _____

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: DOLLAR GENERAL STORE #19053	BUSINESS PHONE: Not Specified	RECORD ID#: PR0010216	DATE: February 03, 2021
FACILITY SITE ADDRESS: 1148 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DOLGEN CALIFORNIA, LLC	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Susan Lee-Yang - 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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: The air hand dryer in both restrooms was not functional. Repair/replace the air hand dryers and ensure they are functional or provided a wall mounted paper towel dispenser in each restroom and ensure it is stocked.

The women's restroom did not have toilet tissue. Ensure toilet tissue is stocked at all times.

General Comments:

Restrooms have hot water and soap.

All cold holding units were measured at or below 41F.

The report was reviewed with the manager.

A copy of the unsigned report will be emailed to the operator. Please contact this office at 559-584-1411 if there are any questions.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

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