

## FOOD SAFETY EVALUATION REPORT

FACILITY NAME: JACK IN THE BOX		BUSINESS PHONE: (909) 214-9247	<b>RECORD ID#:</b> PR0010914	DATE:	
				September 09, 2022	
FACILITY SITE ADDRESS:		CITY:	ZIP CODE:	INSPECTION TYPE:	
31 E HANFORD ARMONA RD		LEMOORE	93245	ROUTINE INSPECTION	
OWNER NAME:		CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:	
SANJIV BHAGAT		Aryanna Delatorre	7/15/2026	SEMHAR GEBREGZIABIHE	
The items (if any) listed below identify the violati One reinspection will be conducted (if needed) at	• •				
Violation: IMPROPER MAINTENANC	CE OF FACILITY OR EQUIPMENT		[HSC <sup>2</sup>	[HSC 114161-114182 & 114257]	
Description/Corrective Action:	Observed a leaking pipe behind the ice machine. Please have maintenance personnel look into this matter. Once the work is completed please contact the department.				
Violation: IMPROPER CLEANING O	DF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]		95-114099.5 & 114101-114119]		
Description/Corrective Action:	Observed the front two sanitizer buckets to be at 100 ppm (ammonium). Sanitizer levels for ammonium must be 200 ppm for proper sanitation. All other sanitizer buckets were not checked but all were replaced and at 200 ppm.				
	Observed syrup build up, food debris, trash, throughout the food prep area of the facility. When mentioned the assistant manager on site had an employee begin cleaning the food prep area. Please ensure this is cleaned and maintained regularly to prevent contamination of food and pest attraction.				
	ensure this is	Observed syrup build up on the soda machine and the table adjacent to it. Please nsure this is cleaned and maintained regularly to prevent further accumulation, pest ttraction, and cross contamination.			

**General Comments:** 

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



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31 E HANFORD ARMONA RD	LEMOORE	93245	ROUTINE INSPECTION
OWNER NAME:	CERTIFIED FOOD MANAGER:	<b>EXP DATE:</b>	INSPECTOR:
SANJIV BHAGAT	Aryanna Delatorre	7/15/2026	SEMHAR 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:

Hand washing stations were fully stocked with hot water, soap, and paper towels.

Restrooms were fully stocked with hot water, soap, and paper towels.

All refrigeration units were functioning properly at 41F and below.

All freezer units were functioning properly at 0F and below.

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

Final cooking temperature of burger patty was 210F.

Hot holding temperature of french fries were 150.2F.

Hot holding temperature of curly fries was 146.7F.

Hot holding temperature for chicken patty was 161.3F.

The hood was in satisfactory condition.

Food manager cards were available for review, the certificate expires 07/15/2026.

Please correct the above noted violations in a timely a manner.

Thank you for your time.



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FACILITY SITE ADDRESS: 31 E HANFORD ARMONA RD	CITY: LEMOORE	<b>ZIP CODE:</b> 93245	INSPECTION TYPE: ROUTINE INSPECTION	
OWNER NAME: SANJIV BHAGAT	CERTIFIED FOOD MANAGER: Aryanna Delatorre	<b>EXP DATE:</b> 7/15/2026	INSPECTOR: SEMHAR 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.				
RESULTS OF EVALUATION: PASS X NEE		Reinspection Re		
RESULTS OF EVALUATION: PASS X NEE	DS IMPROVEMENT SAIL	Reinspection Da		
	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A	
RESULTS OF EVALUATION: PASS X NEE		Reinspection Da	ate (on or after): N/A Potential Food Safety All Star: GZIABIHE	



## FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:	<b>RECORD ID#:</b>	DATE:
JACK IN THE BOX	(909) 214-9247	PR0010914	February 22, 2022
FACILITY SITE ADDRESS:	CITY:	<b>ZIP CODE:</b>	INSPECTION TYPE:
31 E HANFORD ARMONA RD	LEMOORE	93245	ROUTINE INSPECTION
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:
SANJIV BHAGAT	Not Specified		SEMHAR 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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION

[HSC 113980, 114025-114027]

(HSC 114257.1)

**Description/Corrective Action:** The scoop in the ice machine was directly in the ice and not put away after use. This must be placed on a clean surface (bowl, plate etc.) separate from the ice after use to prevent cross contamination.

# Violation: UNNECESSARY ITEMS AND LITTER

**Description/Corrective Action:** Two hand wash stations had hand gloves and other debris in them. This was partially obstructing the water from going down the drain. Please be sure to regularly clean the hand wash station to prevent cross contamination when washing hands and overflowing the sink.

#### General Comments:

Routine Inspection:

All hand washing stations was supplied with hot water, soap and paper towels.

All restrooms were supplied with hot water soap and paper towels.

The three compartment sink was not in use, however the dishwasher was at 50 ppm (chlorine).

Final cooking temperature of beef patties were 198.6F.

Hot holding temperature for beef patties was 186.8F.

Final cooking temperature of curly fries was 196.3F.

This facility utilizes the HACCP concept for their produce ( tomatoes, lettuce, onions, etc).

All refrigeration units containing containing miscellaneous items such as eggs, chicken patties, beef patties, lettuce tomatoes, etc. were 41F and below. This facility thaws their frozen food in their reach in refrigerator.

All freezer units containing beef patties, chicken patties, etc. was at -2.1 F and below.

Overall well maintained facility.

Please fix the noted violations in a timely manner.

Thank you for your time.

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OWNER NAME: SANJIV BHAGAT	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: SEMHAR GEBREGZIABIHE
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			
		Reinspection Re	equired: Yes: No: X
RESULTS OF EVALUATION: X PASS NEE	DS IMPROVEMENT FAIL	Reinspection Da	. ,
//			otential Food Safety All Star:
Denald NY			
Brenda M.		SEMHAR GEBRE	GZIABIHE