

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: THE BODY SHOP HEALTH CLUB INC.	BUSINESS PHONE: (559) 924-2334	RECORD ID#: PR0009295	<b>DATE:</b> March 31, 2021
FACILITY SITE ADDRESS: 224 W D ST	CITY: LEMOORE	<b>ZIP CODE:</b> 93245	INSPECTION TYPE: CONSTRUCTION/EQUIPMENT INSF
OWNER NAME: MIKE & COLLEEN ROYER	CERTIFIED FOOD MANAGER: MICHEAL ROYER	EXP DATE: 3/27/2022	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: None Noted

#### **General Comments:**

The facility moved locations from D street to occupy the old In-shape building.

Observed: 3 compartment sink and ice machine indirectly drained. The City of Lemoore approved the plumbing.

The 3 compartment sink hand washing station had cleanable back splash and the sinks were sealed correctly.

Only smoothies are going to be made with various protein powder mixtures.

The cold holding unit was measured at 38F. The operator had a surface thermometer to measure.

A log is kept on site for all employees working in the juice bar for personal health screenings, and covid -19 protocols.

The floors observed easily cleanable.

Hand washing station was fully stocked.

The facility is approved to open, as long as other entitities approve (City, Fire etc.).

A permit fee must be paid to our department before opening.

Thank you

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

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OWNER NAME: MIKE & COLLEEN ROYER	CERTIFIED FOOD MANAGER: MICHEAL ROYER	<b>EXP DATE:</b> 3/27/2022	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.							
		Reinspection Re	equired: Yes: No: X				
RESULTS OF EVALUATION: PASS NEED	OS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A				
		P	Potential Food Safety All Star:				
		Yatee Patel -	REHS				
Received Rv		Agency Represe	entative				

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# **FOOD SAFETY EVALUATION REPORT**

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:		
THE BODY SHOP HEALTH CLUB INC.	(559) 924-2334	PR0009295	May 06, 2019		
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:		
224 W D ST	LEMOORE	93245	ROUTINE INSPECTION		
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:		
MIKE & COLLEEN ROYER	MICHEAL ROYER	3/27/2022	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: None Noted					
General Comments:					
Hand wash station has hot and cold water, soap, and paper towels.					
Cold reach-in refrigerators were noted below 41F.					
Observed all food products stored off the ground.					
Facility is clean and maintained.					
Observed meal prep food items without proper identification being sold at the facility. Per person in charge, the meal prep operator is located in Madera, California. Discontinue the sale of meal prep food items unless you are able to confirm operator is permitted to operate.					
		Reinspection Re	equired: Yes: No: X		
RESULTS OF EVALUATION: X PASS NEE	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A		
		P	Potential Food Safety All Star:		
Susan Lee-		Susan Lee-Yang	r - REHS		
Received By:		Agency Representative			

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### **FOOD SAFETY EVALUATION REPORT**

FACILITY NAME: THE BODY SHOP HEALTH CLUB INC.	BUSINESS PHONE: (559) 924-2334	<b>RECORD ID#</b> : PR0009295	<b>DATE:</b> May 31, 2018		
FACILITY SITE ADDRESS: 224 W D ST	CITY: LEMOORE	<b>ZIP CODE:</b> 93245	INSPECTION TYPE: ROUTINE INSPECTION		
OWNER NAME: MIKE & COLLEEN ROYER	CERTIFIED FOOD MANAGER: MICHEAL ROYER	<b>EXP DATE:</b> 3/6/2019	INSPECTOR: 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 station was noted to be fully stocked.					
The temperature of the reach-in cold holding unit was noted to be well below 41°F.					
All items were noted to be above the floor six inches.					
Thank you.					
	_	Reinspection Re	equired: Yes: No: X		
RESULTS OF EVALUATION: X PASS NEED	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A		
		Potential Food Safety All Star:			
B-10-					
		Abel Simon - REHS			
Received By:		Agency Representative			

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