

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: LEMOORE FOOD LOCKER	<b>BUSINESS PHONE:</b> (559) 924-2390	RECORD ID#: PR0000376	<b>DATE:</b> June 11, 2021
FACILITY SITE ADDRESS: 205 FOX ST	CITY: LEMOORE	<b>ZIP CODE</b> : 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DESI S VERISSIMO	CERTIFIED FOOD MANAGER: NATALIE M. VERISSMO	<b>EXP DATE:</b> 5/10/2021	INSPECTOR: Veronica Ochoa -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 COLD HOLDING TEMPERATURE(S)

[HSC 113996]

Description/Corrective Action:

The display case that stores packaged sausage and meats measured between 47-51F. The owner of the facility was instructed to remove the product and store it in a

functioning cold holding unit. The owner stated this unit was recently repaired. Please ensure the cold holding unit measures at or below 41F prior to using it again.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES

[HSC 113953 - 113593.2]

**Description/Corrective Action:** 

The front hand wash station was observed to have scalding hot water that's serviced by a mixing valve. Please try to adjust the temperature of the hot water as it should only measure 100F. Also, the hand wash sink in the restroom did not have hot water. Please correct the non hot water issue for the restroom to ensure the hot water measures at

100F.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION

[HSC 113980, 114025-114027]

**Description/Corrective Action:** 

Boxes of meat items were observed on the floor in the walk-in refrigerator that is located on the south end of the facility. Please make sure to store food items at least

six inches off the ground.

Violation: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF

[HSC 113947-113947.6

**Description/Corrective Action:** 

The food manager's certification has expired. Please make sure to obtain a food

manager certification within the next 60 days.

### **General Comments:**

All large walk-in refrigerators measured below 41F. Please work on correcting the noted violations.

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

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OWNER NAME: DESI S VERISSIMO	CERTIFIED FOOD MANAGER: NATALIE M. VERISSMO	<b>EXP DATE:</b> 5/10/2021	INSPECTOR: Veronica Ochoa -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			
		Reinspection Re	equired: Yes: No: X
RESULTS OF EVALUATION: PASS X NEEDS IMPROVEMENT FAIL		Reinspection Date (on or after): N/A  Potential Food Safety All Star:	
w Vining.			
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Veronica Ochod	a -REHS
Received By:	Agency Representative		ontativo

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FACILITY NAME: LEMOORE FOOD LOCKER	<b>BUSINESS PHONE:</b> (559) 924-2390	<b>RECORD ID#:</b> PR0000376	<b>DATE:</b> March 28, 2019		
FACILITY SITE ADDRESS: 205 FOX ST	CITY: LEMOORE	<b>ZIP CODE</b> : 93245	INSPECTION TYPE: ROUTINE INSPECTION		
OWNER NAME: DESI S VERISSIMO	CERTIFIED FOOD MANAGER: NATALIE M. VERISSMO	<b>EXP DATE:</b> 5/10/2021	INSPECTOR: Veronica Ochoa -REHS		
The items (if any) listed below identify the violation(s) that must be on the conducted (if needed) at no charge. A serv					
Violation: IMPROPER LABELING OF PREPACKAGE	ED FOODS	[H	HSC 114089-114090]		
Description/Corrective Action:  The linguica was once again noted not labeled. According to the owners', a label maker for labeling this product was obtained; however, the machine has not been programmed. Please program the label machine as soon as possible and begin labeling the linguica.					
General Comments:			_		
Hand wash station and restroom were stocked with soap, paper towels, and hot water. Cold holding units measured at or below 41F.					
	EEDS IMPROVEMENT FAIL	Reinspection Re	equired: Yes: No: X		
RESULTS OF EVALUATION: X PASS NEED		Reinspection Da	otential Food Safety All Star:		
W. Verissimo		Veronica Ochoa	g-REHS		
Received By:		Agency Represe	entative		

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## **FOOD SAFETY EVALUATION REPORT**

		I				
FACILITY NAME:		BUSINESS PHONE:		RECORD ID#:	DATE:	
LEMOORE FOOD LOCKER		(559) 924-2390		PR0000376	August 03, 2018	
FACILITY SITE ADDRESS:		CITY:		ZIP CODE:	INSPECTION TYPE:	
205 FOX ST		LEMOORE		93245	ROUTINE INSPECTION	
OWNER NAME:		CERTIFIED FOOD MANA	GER:	EXP DATE:	INSPECTOR:	
DESI S VERISSIMO		NATALIE M. VERISSMO		5/10/2021	Veronica Ochoa -REHS	
The items (if any) listed below identify the violation One reinspection will be conducted (if needed) at n						
Violation: OTHER PERMIT VIOLATION						
·	Upon beginning the inspection, a school aged child was observed in the area where employees were actively cutting meat. Please do not have anyone who is not an employee be an area where meat is being cut or processed.					
Violation: IMPROPER LABELING OF F	REPACKAG	ED FOODS			[HSC 114089-114090]	
·	prepackaged		name, addre	currently unlabeled. Please make sure to label any name, address, phone number, and the producting order.		
Violation: IMPROPER COLD HOLDING TEMPERATURE(S)			[HSC 113996]			
		d holding unit that store ain foods at 41F.	s the linguica measured between 44-45F. This unit			
Violation: FOODS & EQUIPMENT NOT	PROTECTE	D FROM CONTAMINA	ATION	[HS	C 113980, 114025-114027]	
•	observed bei	ng stored directly on th	s being stored in the front area walk-in freezer was on the floor. Please make sure to obtain proper shelving bood product at least 6 inches off the floor.			
General Comments:						
Hand wash station and restroom were All of the cold holding units, except for				at or below 41F.		
				Reinspection F	Required: Yes: No: X	
RESULTS OF EVALUATION: PASS	X NEE	DS IMPROVEMENT	FAIL	Reinspection D	Pate (on or after): N/A	
					Potential Food Safety All Star:	
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~ ·						
	<b>}_</b>					
				Veronica Ocho	oa -REHS	
Received By:		-		Agency Repres	sentative	

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