

Restaurant Bakery Permit Inspection Report

Kings County Department of Public Health **Environmental Health Services** 330 Campus Dr. Hanford CA 93230 Phone - 559-584-1411 Fax - 559-584-6040 Internet - www.countyofkings.com/health/ehs

INSPECTION REPORT FOOD VENDING PERMIT - GR7 (>1 mil)

Facility Name		Facility Address				City/State			Zip Code	
KENTUCKY FRIED CHICKEN 1		1019 N LEMOORE AVE				LEMOORE, CA			93245	
Owner/Operator			Facility Phone No.	Inspec	Inspection ID		Inspection Result			
ARGONAUT CALIFORNIA VENTURES INC			5599242744	26757	26757		Pass			
Inspector Name	Inspection Date		Purpose of Inspection		Permit License		9	Expiration Date		
Isaac Coria	12/11/2023		Routine Inspection		PR0	PR0008991			1/1/2025	

An inspection of your facility revealed the following violations of the California Health and Safety Code and/or California Code of Regulations. A reinspection may occur at any time to verify correction of these violations. Please note the date of correction as listed per violation.

NVO = No Violation Observed OUT = Out of Compliance N/A = Not Applicable COS = Corrected On Site UD = UD

Overall Inspection Comment:

Observations from routine inspection.

Hand wash sink was fully stocked and water temperature reached 100F.

Three compartment sink water temperature reached 120F. Water concentration was 200 for quat.

Cold storage unit below 40F.

All food items were 6 inches above the ground and no debris present on the floor.

New flooring was installed last week in the entire kitchen area.

Food safety handler for Manager was shown Gema Ayon expired 5/23/25

No violations observed.

ATTENTION: There are a total of 0 item(s) marked above in violation. Total Major violations are 0.

Signatures Received By: Inspected By: Inspector Name: Isaac Coria Title: Environmental Health Officer Date: 12/11/2023

Phone:

Email: Isaac.Coria@co.kings.ca.us



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: KENTUCKY FRIED CHICKEN	BUSINESS PHONE: (559) 924-2744	RECORD ID# : PR0008991	DATE : July 09, 20						
					<u> </u>				
FACILITY SITE ADDRESS: 1019 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE : 93245							
1019 N LEMOORE AVE			.EINIOURE						
OWNER NAME: JEC NEVADA FOODS, LLC		CERTIFIED FOOD MANA Juan C Garcia	EXP DATE: 6/9/2022	INSPECTOR: Veronica Ochoa -REHS					
JEC NEVADA I CODS, EEC	Juan C Garcia		0/9/2022	Veronica		JUNIOA -RENS			
The items (if any) listed below identify the violation One reinspection will be conducted (if needed) at	* *		•						
Violation: IMPROPER MAINTENANC	ASH FACILITIES		[HSC 113953 - 113593.2]						
Description/Corrective Action: The hand wash station to the women's restroom did not have hot water and the not to the hot water side did not stay on when pressed. This issue was brought up during the facility's last routine inspection. Please repair the issue with restroom's hand we station.									
Violation: IMPROPER CLEANING OF	ND EQUIPMENT	NT [HSC 114095-114099.5 &				& 114101-114119]			
Description/Corrective Action:	The quat sanitizer at the three compartment sink and sanitizer buckets measured at 100 ppm. Quat sanitizer must measure at 200 ppm. An employee on duty was asked for test strips to verify the sanitizer concentrations; however, test strips could not be located. Please make sure quat sanitizer test strips are obtained so that the sanitizer concentration can be verified.								
General Comments:									
The hand wash stations in the kitcher Cold holding units measured at or be Chicken and chicken strips in the hot Past temperature logs could not be c previous days on the digital tablet that to use the digital tablet.	low 41F. holding units m necked during t	neasured at 180F.	e employee o	n duty did not k					
		FAIL	Reinspection	Yes:	No:	X			
RESULTS OF EVALUATION: X PAS	OS IMPROVEMENT		Beingnestion	Data (an ar at	Ftor):	N/A			
_									
<u> </u>					Potential Foo	nd Safety All	Star:		
Received By:	05			Veronica Och Agency Repre			_		
NOTE:	This report n	nust be made availa	ble to the pu	blic on reques	t				

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