



Restaurant Bakery Permit Inspection Report

Kings County Department of Public Health
Environmental Health Services
460 Kings County Dr., Suite 101 & 102 Hanford CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - <https://www.kcdph.com/ehs>

INSPECTION REPORT

FOOD VENDING PERMIT - GR5 (500-750)

Facility Name		Facility Address		City/State		Zip Code		
SUSHI TABLE		155 W HANFORD-ARMONA RD STE B		LEMOORE, CA		93245		
Owner/Operator			Facility Phone No.		Inspection ID		Inspection Result	
SUNNY LAW			5599251698		79057		Needs Improvement	
Inspector Name		Inspection Date	Purpose of Inspection		Permit License		Expiration Date	
Evelyn Elizalde		10/1/2025	Routine Inspection		PR0009175		7/1/2026	

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

Violation Status	Violation Code	Violation Summary	Observation
FDA Food Code 2017			
☐ -Select- ☐ IN ☒ OUT ☐ N/A	55 - PHYSICAL FACILITIES - Physical facilities installed, maintained, and clean	Observed debris build up inside the ice machine. Please maintain unit clean and free of debris. The warewashing sink adjacent to the stove preparation area was observed to be obstructed and not readily accessible for use. Additionally, the faucet was leaking and requires repair.	



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Overall Inspection Comment:

The following was observed during today's routine inspection:

The refrigeration units were below 41 F.
The freezer unit was clean and in satisfactory condition.
The warewashing sink by the dishwasher had hot water at 120 F.
Sanitizer buckets with bleach were available throughout the facility.
Hot holding foods were noted above 135 F.
All food was stored 6 inches above ground level.

The operator stated that the facility recently experienced electrical issues. Operators are reminded that in the event of a power outage affecting critical operations (e.g., refrigeration, lighting, hot water), they must voluntarily cease operations and self-close to avoid enforcement action or potential closure by Environmental Health.

Please provide a copy of an active food managers certificate for this site within 14 days of this inspection.

ATTENTION: There are a total of 1 item(s) marked above in violation. Total Major violations are 0.

Signatures

Received By:

Inspected By:

Inspector Name: **Evelyn Elizalde**

Title: **Environmental Health Officer III**

Date: **10/1/2025**

Email: **Evelyn.Elizalde@co.kings.ca.us**

Phone: **(559) 584-1411**

CERTIFICATION OF RETURN TO COMPLIANCE

I certify that the violations noted above on this report have been corrected. I have personally examined any documentation attached to the certification to establish that the violations have been corrected.

Signature: _____ Title: _____ Date: _____