FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LINCOLN SCHOOL
BUSINESS PHONE: (559) 585-3620
RECORD ID#: PR0000610
DATE: January 31, 2023

FACILITY SITE ADDRESS: 832 S HARRIS ST
CITY: HANFORD
ZIP CODE: 93230
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: HANFORD ELEMENTARY SCHOOL DIST
CERTIFIED FOOD MANAGER: JENNIE MARQUIS
EXP DATE: 3/16/2024
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.

Violation: None Noted

General Comments:

Observations:

Hand washing station was fully stocked with hot water, soap, and paper towels.

Restroom was fully stocked with hot water soap and paper towels.

Today's lunch is chicken fajitas, fruit, and vegetables.

Hot holding temperature for the chicken was well above 135F.

All refrigeration units were functioning properly at 41F.

Dish washing unit was functioning properly at 100 ppm (ammonium).

Overall the facility was observed in satisfactory condition.

Please contact the department should you have any questions.

Thank you for your time.

RESULTS OF EVALUATION: 

X PASS     ☐ NEEDS IMPROVEMENT     ☐ FAIL

Reinspection Required: ☐ Yes: ☐ No: X
Reinspection Date (on or after): N/A
☐ Potential Food Safety All Star:

SEMHAR GEBREGZIABIHE
Agency Representative

NOTE: This report must be made available to the public on request
**Food Safety Evaluation Report**

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Business Phone:</th>
<th>Record ID#:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln School</td>
<td>(559) 585-3620</td>
<td>PR0000610</td>
<td>October 04, 2022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Site Address:</th>
<th>City:</th>
<th>Zip Code:</th>
<th>Inspection Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>832 S Harris St</td>
<td>Hanford</td>
<td>93230</td>
<td>Routine Inspection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner Name:</th>
<th>Certified Food Manager:</th>
<th>Exp Date:</th>
<th>Inspector:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanford Elementary School Dist</td>
<td>Jennie Marquis</td>
<td>3/16/2024</td>
<td>Semhar Gebregziabihe</td>
</tr>
</tbody>
</table>

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:**

Observations:

Today's lunch is Tostada bowl with taco meat, shredded cheese, diced tomatoes, fresh jicama and milk tortilla chip and sauce.

Hand washing station was fully stocked with hot water, soap, and paper towels.

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

Of note, food prep did not begin during the time of inspection.

All refrigeration units were functioning properly at 41F.

The three compartment sink was in good condition.

The dishwasher was in good condition.

All dry storage items were well maintained, clean, and placed six inches above the ground.

Overall this facility was observed to be well maintained.

Please contact the department should you have any questions.

Thank you for your time.
# FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINCOLN SCHOOL</td>
<td>(559) 585-3620</td>
<td>PR0000610</td>
<td>October 04, 2022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>832 S HARRIS ST</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HANFORD ELEMENTARY SCHOOL DIST</td>
<td>JENNIE MARQUIS</td>
<td>3/16/2024</td>
<td>SEMHAR GEBREGZIABIHE</td>
</tr>
</tbody>
</table>

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:  
- [X] PASS  
- [ ] NEEDS IMPROVEMENT  
- [ ] FAIL

Reinspection Required:  
- [ ] Yes:  
- [X] No:  

Reinspection Date (on or after):  
- N/A

Potential Food Safety All Star:  
- [ ]

Received By:  

__________________________________________________________________

SEMHAR GEBREGZIABIHE  
Agency Representative

---

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