



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

**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> THE HYPE NUTRITION	<b>BUSINESS PHONE:</b> (559) 362-5371	<b>RECORD ID#:</b> PR0010944	<b>DATE:</b> September 13, 2022
<b>FACILITY SITE ADDRESS:</b> 1204 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> YESENIA MARTINEZ/ANA RAMIREZ	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> SEM HAR 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:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Observed the hand washing station with no soap, please replace this as soon as possible.

**Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Observed the three compartment sink to not be properly set up. The rinse section was observed to be filled up with water and sanitizer. When testing sanitizer levels no sanitizer was present. If using chlorine please ensure it is at 100ppm, if using ammonium please ensure it is at 200 ppm.

Observed several blender sticks to be in stagnant water. If soaking equipment utensils would need to be under constant water flow. If this is not possible you must properly clean all equipment using the three compartment sink before re- use.

**General Comments:**

Observations:

Hand washing stations were supplied with hot water, soap, and paper towels.

Restrooms were supplied with hot water, soap, and paper towels.

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

Ice machine was in satisfactory condition.

The lobby area was clean and well maintained.

Back storage area was in satisfactory condition, all food and drink items were well organized and placed six inches above the ground.

The refrigeration unit was functioning properly at 41F and below.

The mop sink was in satisfactory condition.

Overall the facility is in satisfactory condition.

Please correct the above noted deficiencies in a timely manner, and contact the department should you have any questions.

Thank you for your time.

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



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<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> <b>Reinspection Date (on or after):</b> N/A <input type="checkbox"/> Potential Food Safety All Star:
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*Ana Ramirez*

*SEM HAR GEBREGZIABIHE*

Received By:

Agency Representative

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