



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 - NONPROFIT

Facility Name		Facility Address		City/State		Zip Code	
LEMOORE CHRISTIAN AID		224 N LEMOORE AVE		LEMOORE, CA		93245	
Owner/Operator		Facility Phone No.		Inspection ID		Inspection Result	
LEMOORE CHRISTIAN AID		5599242229		81059		Pass	
Inspector Name	Inspection Date	Purpose of Inspection		Permit License		Expiration Date	
Tong Yang	10/13/2025	Routine Inspection		PR0000396		8/31/2026	

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



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Overall Inspection Comment:

During today inspection, the following were observed.

All freezers units were observed temperatures reading at 5F and below, all items observed frozen and in boxes or individually wrapped/prepackaged. All units temperatures are logged and current.

Refrigeration units temperatures observed reading 41F and below. Items are wrapped and stored neatly.

Dry storage area, observed clean and neatly stored on shelf above 6inch off floor. No damage found on cannery and prepackage foods observed.

Handwash sink have hot water, temperatures observed reading at 100F and above. Have hand soap and single use paper towel.

(Facility only store and hand out prepackaged food items, no food preparation of any kind on facility. Kitchen are no in use)

General cleanliness of the facility are observed good, no debris 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: **Tong Yang**

Title:

Date: **10/13/2025**

Email: **Tong.Yang@co.kings.ca.us**

Phone: