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 HIGH SCHOOL SNACK BAR	**101 E BUSH ST**	**LEMOORE, CA**	**93245**

Owner/Operator	Facility Phone No.	Inspection ID	Inspection Result
LEMOORE UNION HIGH SCHOOL DISTRICT	**5599246646**	**79018**	**Pass**

Inspector Name	Inspection Date	Purpose of Inspection	Permit License	Expiration Date
Evelyn Elizalde	**10/1/2025**	**Routine Inspection**	**PR0007048**	**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

Violation Status	Violation Code	Violation Summary	Observation
FDA Food Code 2017			
☐ -Select- ☐ IN ☑ OUT ☐ N/A	50 - PHYSICAL FACILITIES - Hot and cold water available, adequate pressure	Observed warewashing sink water temperature at 116 F. Please maintain water temperature at 120 F.	

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Overall Inspection Comment:

The following was observed during today's routine inspection:

The refrigeration unit was at 41 F.
All floors, walls, and ceilings were in satisfactory condition.
The ice machine was not in use at this time of 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:_____