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>THE WRECKING BAR</td>
<td>(559) 925-1227</td>
<td>PR0009571</td>
<td>December 22, 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>700 N LEMOORE AVE</td>
<td>LEMOORE</td>
<td>93245</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANDICE BURNES</td>
<td>Kimberly R Willard</td>
<td>7/17/2023</td>
<td>Troy Hommerding-REHS</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:**

Mens and womens restrooms were observed fully stocked and clean, hot & cold running water, soap & paper towels.

Bar area was observed well kept. Three compartment sink was observed with hot & cold running water. Under counter glass washing unit was observed in good condition and functional.

Ice Machine was observed clean.

**RESULTS OF EVALUATION:**

- Pass: ☑
- Needs Improvement: ☐
- Fail: ☐

**Reinspection Required:**

- Yes: ☐
- No: ☑

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

**Potential Food Safety All Star:**

<table>
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<tr>
<th>Received By:</th>
<th>Agency Representative</th>
</tr>
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<tbody>
<tr>
<td>Troy Hommerding-REHS</td>
<td></td>
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NOTE: This report must be made available to the public on request
FOOD SAFETY EVALUATION REPORT

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: THE WRECKING BAR
BUSINESS PHONE: (559) 925-1227
RECORD ID#: 0009571
DATE: June 25, 2019

FACILITY SITE ADDRESS: 700 N LEMOORE AVE
CITY: LEMOORE
ZIP CODE: 93245
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: CANDICE BURNES
CERTIFIED FOOD MANAGER: Kimberly R Willard
EXP DATE: 7/17/2023
INSPECTOR: Veronica Ochoa -REHS

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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: The facility's mechanical dishwasher once again measured at 0 ppm of chlorine sanitizer. As a result, all cups and utensils must be manually washed, rinsed, and sanitized until the dishwasher can be repaired. It is highly encouraged that the facility obtain chlorine sanitizer strips so that the dishwasher can be checked on a daily basis. As a reminder, the chlorine sanitizer must measure at 50 ppm after the final rinse cycle.

General Comments:
Hand wash station was stocked with soap, paper towels and hot water.
All cold holding units measured at or below 41F.
Please make sure to address the noted violation in a timely manner.

RESULTS OF EVALUATION: ☒ PASS ☐ NEEDS IMPROVEMENT ☐ FAIL
Reinspection Required: Yes: ☐ No: ☒
Reinspection Date (on or after): N/A
Potential Food Safety All Star: ☐

Veronica Ochoa -REHS
Agency Representative

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