FOOD SAFETY EVALUATION REPORT

FACILITY NAME: PIZZA HUT #103201
BUSINESS PHONE: (559) 924-2000
RECORD ID#: PR0003538
DATE: September 09, 2022

FACILITY SITE ADDRESS: 1029 N LEMOORE AVE
CITY: LEMOORE
ZIP CODE: 93245
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: CALPAC PIZZA LLC
CERTIFIED FOOD MANAGER: Timothy Garcia
EXP DATE: 10/14/2026
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.

<table>
<thead>
<tr>
<th>Violation</th>
<th>Description/Corrective Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT</td>
<td>Observed the hood to have an excessive amount of dust accumulation. Please have this cleaned as soon as possible. The hand washing sink adjacent to the automatic dishwasher was observed to be loose with a water leak. Please have this resealed as soon as possible.</td>
</tr>
<tr>
<td>IMPROPER CLEANING OF UTENSILS AND EQUIPMENT</td>
<td>Observed food debris, trash, dust accumulation underneath equipment and appliances. Please ensure all hard to reach places are cleaned and maintained regularly to prevent pest attraction.</td>
</tr>
</tbody>
</table>

General Comments:

Observations:

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

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

Final cooking temperature for pepperoni pizza was 216.8F.

Final cooking temperature for garlic bread was 181.4F.

Dry storage was well maintained, organized, and placed six inches above the ground.

Multiple food manager cards were available for review. All were up to date.

All refrigeration units were functioning properly at 41F and below.

All freezer units were functioning properly at 0F and below.

Overall this facility is in satisfactory condition.

Please correct the above noted violations in a timely manner.

Thank you for your time.

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>PIZZA HUT #103201</td>
<td>(559) 924-2000</td>
<td>PR0003538</td>
<td>September 09, 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>1029 N LEMOORE AVE</td>
<td>LEMOORE</td>
<td>93245</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>CALPAC PIZZA LLC</td>
<td>Timothy Garcia</td>
<td>10/14/2026</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: [X] Yes; [ ] No

Reinspection Date (on or after): N/A

---

Received By: [Signature]

Agency Representative: SEMHAR GEBREGZIABIHE

---

NOTE: This report must be made available to the public on request.
FOOD SAFETY EVALUATION REPORT

FACILITY NAME: PIZZA HUT #103201
BUSINESS PHONE: (559) 924-2000
RECORD #: PR0003538
DATE: July 09, 2021

FACILITY SITE ADDRESS: 1029 N LEMOORE AVE
CITY: LEMOORE
ZIP CODE: 93245
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: CALPAC PIZZA LLC
CERTIFIED FOOD MANAGER: Luis Angel
EXP DATE: 7/21/2021
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 MAINTENANCE OF FACILITY OR EQUIPMENT
[HSC 114161-114182 & 114257]
Description/Corrective Action: The entire facility needs to be cleaned. Please begin to move shelving and equipment in order to properly clean all food debris.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION
[HSC 113980, 114025-114027]
Description/Corrective Action: Observed pizza boxes being stored directly on the floor during the inspection. Please do not store food or paper products on the floor as they should be stored at least six inches above the ground.

Violation: IMPROPER EXCLUSION OF VERMIN OR ANIMALS
[HSC 114259-114259.3]
Description/Corrective Action: Crickets were observed in the facility's restroom and entry during the inspection. Proof of pest control was provided during the inspection. It is advised to increase the frequency of the inspections so that the facility can abate the cricket problem.

General Comments:
Hand wash stations were stocked with soap, paper towels, and hot water.
Cold holding units measured at or below 41°F.
The chlorine sanitizer after the final rinse cycle of the mechanical dishwasher measured at 50 ppm.

During the inspection, the manager on duty notified the department that the large reportable carbon dioxide tank will be removed as the facility owner's have decided to no longer serve fountain drinks. As a reminder, the facility's food manager certification will be expiring this month. Please ensure a new food manager's certification is obtained and proof is shown to our department.

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
OFFICIAL INSPECTION REPORT

PIZZA HUT #103201
1029 N LEMOORE AVE
CALEPAC PIZZA LLC

BUSINESS PHONE: (559) 924-2000
CITY: LEMOORE

PROGRAM DESCRIPTION:
1107 - KINGS DPH COVID-19

RECORD ID#: PR0003538
EXP DATE: 7/21/2021

INSPECTOR: Susan Lee-Yang - REHS

The items (if any) listed below identify the Health Code 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:

The following were discussed with the owner/operator during today's visit:

- The facility has made their dining completely inaccessible to customers.
- At this time all food sales are for DELIVERY or TAKE-OUT/PICK-UP ONLY.
- The staff is aware of social distancing by requesting that customers keep apart a minimum of six feet from each other and staff.
- Staff is practicing safe food handling procedures, monitoring hot & cold holding temperatures, and washing hands.
- All work surfaces should be cleaned and sanitized with 100ppm chlorine or 200ppm QAC frequently to prevent contamination.
- Under no circumstances are employees who feel sick or are sick with respiratory (i.e. fever, coughing or sneezing) or gastrointestinal (i.e. vomiting or diarrhea) symptoms are allowed to work in the facility.

Please contact our Department if you have further questions.

Reinspection Required: Yes: No: X
Reinspection Date (on or after): Not Specified

Susan Lee-Yang - REHS
Environmental Health Specialist