FOOD SAFETY EVALUATION REPORT

NEW BOBA ISLAND
201 E ST A
SUNNY LAW
(559) 924-1027
September 27, 2022
SEMHAR GEBREGZIABIHE
ROUTINE INSPECTION

NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES

Yadira Escobedo's food handler card expired on 7/23/2022. The operator stated that she completed the course but did not have a copy of the certificate for review, please have a copy of her new certificate sent to the department by no later than 9/30/2022.

IMPROPER CLEANING OF UTENSILS AND EQUIPMENT

Observed the sanitizer buckets to be at 200 ppm (chlorine). Please dilute this solution to 100 ppm and retest the solution with test strips to ensure proper sanitation.

Observed grease build up on the wall adjacent to the fryer. Please ensure this is cleaned as soon as possible.

IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT

Observed food uncovered in the refrigeration unit directly across from the microwave. Please ensure all foods stores are covered to prevent cross contamination.

Observed cooking pans to be stored directly on the floor in the dry storage closet. Please ensure all dry storage items (including food) is at least six inches above the ground.

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

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

All refrigeration units were functioning properly at 41F.

All freezer units were functioning properly at 0F.

Of note, the walk in unit in the back storage room is currently not used for cold storage and is used for dry storage. Items stored in the back room are well kept and organized. Please ensure all items in the back room as well as the dry storage closet are well maintained, and items are placed six inches above the ground.

No signs of pests were found during today's inspection.

Overall this facility is in satisfactory condition.

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>NEW BOBA ISLAND</td>
<td>(559) 924-1027</td>
<td>PR0008404</td>
<td>September 27, 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>201 E ST A</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>SUNNY LAW</td>
<td>FANNY HUANG</td>
<td>10/16/2024</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:  

- [ ] Yes:  
- [X] No:  

Reinspection Date (on or after):  

- [X] N/A

Potential Food Safety All Star:  

- [ ]

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:** NEW BOBA ISLAND  
**FACILITY SITE ADDRESS:** 201 E ST A  
**OWNER NAME:** SUNNY LAW  
**CERTIFIED FOOD MANAGER:** FANNY HUANG  
**BUSINESS PHONE:** (559) 924-1027  
**ZIP CODE:** 93245  
**RECORD ID#:** PR0008404  
**DATE:** February 26, 2020  
**INSPECTOR:** Susan Lee-Yang - REHS  
**INSPECTION TYPE:** ROUTINE INSPECTION

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:**

- Hand wash sinks and restroom has hot water, soap, and paper towels.
- Cold holding units were noted satisfactory.
- Observed food products stored off the ground.
- Chlorine sanitizer bucket was measured at 100 ppm.
- Observed facility clean and maintained.

**RESULTS OF EVALUATION:**  
- **PASS**
- **NEEDS IMPROVEMENT**
- **FAIL**

**Reinspection Required:** No

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

---

**Received By:**

**Susan Lee-Yang - REHS**  
**Agency Representative**

---

**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>NEW BOBA ISLAND</td>
<td>(559) 924-1027</td>
<td>PR0008404</td>
<td>April 10, 2019</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>201 E ST A</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>SUNNY LAW</td>
<td>FANNY HUANG</td>
<td>12/17/2019</td>
<td>Susan Lee-Yang - 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:**

- Restroom and hand wash stations have hot and cold water, soap, and paper towels.
- All cold holding units were noted at or below 41°F.
- Food items stored inside cold holding units were covered.
- Observed food products stored off the ground.
- Observed facility clean and organized.
- Chlorine sanitizer was noted at 200 ppm. Recommend lowering sanitizer concentration to 100 ppm.
- Facility is in good operating condition.

**RESULTS OF EVALUATION:**  
- PASS:  X
- NEEDS IMPROVEMENT:  
- FAIL:  

**Reinspection Required:**  
- Yes:  
- No:  X

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

**Potential Food Safety All Star:**  

**Received By:**  

**Agency Representative:**  

Susan Lee-Yang - REHS

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