



Restaurant Bakery Permit Inspection Report

Kings County Department of Public Health
Environmental Health Services
330 Campus Dr. Hanford CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - www.countyofkings.com/health/ehs

INSPECTION REPORT

FOOD VENDING PERMIT - GR2 (12-100)

Facility Name	Facility Address	City/State	Zip Code	
LEMOORE MUNICIPAL GOLF COURSE	350 IONA AVE	LEMOORE, CA	93245	
Owner/Operator	Facility Phone No.	Inspection ID	Inspection Result	
CITY OF LEMOORE	5599249658	36300	Pass	
Inspector Name	Inspection Date	Purpose of Inspection	Permit License	Expiration Date
Chaitanya Patel	5/7/2024	Routine Inspection	PR0009771	7/1/2024

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

Overall Inspection Comment:

Routine Inspection was conducted and following was noted
Hot water temperature at the handwash sink noted to be above 100F and at dishwasher sink were noted to be above 120°F. The dishwasher sanitizer sink noted to be above 200 PPM levels.
Refrigeration units noted below 41F. Temperature on tomatoes in cold holding prep line refrigeration unit noted below 41F.
Hand wash sink was properly stocked with paper towels, soap, and running water.
All items were stored at least 6 inches above ground in dry storage areas.
CO2 cannisters are secured in upright position. Soda nozzles noted clean.
General cleanliness in satisfactory condition. Ventilation hood noted clean with no buildup.
Food handler card noted. At least one person at the facility just have a food manager certification. Please provide a copy of this to EHS within 30 days.

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: **Chaitanya Patel**

Title: **Environmental Health Officer I**

Date: **5/7/2024**

Phone: **559-584-1411**

Email: **Chaitanya.Patel@co.kings.ca.us**



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE GOLF COURSE	BUSINESS PHONE: (559) 924-9658	RECORD ID#: PR0009771	DATE: April 22, 2021
FACILITY SITE ADDRESS: 350 IONA AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CITY OF LEMOORE	CERTIFIED FOOD MANAGER: GINA SANCHEZ	EXP DATE: 3/3/2025	INSPECTOR: Susan Lee-Yang - 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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Observed ice scoop stored directly on the ice inside the ice machine. Ensure ice scoop is placed on the ice scoop holder to prevent contamination. Employee corrected violation at time of inspection.

General Comments:

Hand wash stations have hot and cold water, soap, and paper towels.

All cold holding units were measured at or below 41F.

Observed food products stored off the ground.

Ensure new employee obtains food handler card within 30 days after the date of hire. Operator is responsible to obtain copies of all food handler cards.

Observed a food handler not wearing face covering. As a reminder, follow state guidelines to reduce the spread of COVID-19.

RESULTS OF EVALUATION: [X] PASS [] NEEDS IMPROVEMENT [] FAIL

Reinspection Required: Yes: [] No: [X]

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

Received By:

Susan Lee-Yang - REHS

Agency Representative

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