## INSPECTION REPORT

### FOOD VENDING PERMIT - GR2 (12-100)

**Facility Name:** LEMOORE MUNICIPAL GOLF COURSE  
**Facility Address:** 350 IONA AVE  
**City/State:** LEMOORE, CA  
**Zip Code:** 93245

**Owner/Operator:** CITY OF LEMOORE  
**Facility Phone No.:** 5599249658  
**Inspection ID:** 36300  
**Inspection Result:** Pass

**Inspector Name:** Chaitanya Patel  
**Inspection Date:** 5/7/2024  
**Purpose of Inspection:** Routine Inspection  
**Permit License:** PR0009771  
**Expiration Date:** 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 = NoViolation Observed OUT = Out of Compliance N/A = Not Applicable COS = Corrected On Site UD = UD

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### Overall Inspection Comment:

Routine Inspection was conducted and following was noted:
- Hot water temperature at the handwash sink noted to be above 100°F 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 41°F. Temperature on tomatoes in cold holding prep line refrigeration unit noted below 41°F.
- 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.

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### 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
# FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>LEMOORE GOLF COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS PHONE:</td>
<td>(559) 924-9658</td>
</tr>
<tr>
<td>RECORD ID#:</td>
<td>PR0009771</td>
</tr>
<tr>
<td>DATE:</td>
<td>April 22, 2021</td>
</tr>
<tr>
<td>FACILITY SITE ADDRESS:</td>
<td>350 IONA AVE</td>
</tr>
<tr>
<td>CITY:</td>
<td>LEMOORE</td>
</tr>
<tr>
<td>ZIP CODE:</td>
<td>93245</td>
</tr>
<tr>
<td>INSPECTION TYPE:</td>
<td>ROUTINE INSPECTION</td>
</tr>
<tr>
<td>OWNER NAME:</td>
<td>CITY OF LEMOORE</td>
</tr>
<tr>
<td>CERTIFIED FOOD MANAGER:</td>
<td>GINA SANCHEZ</td>
</tr>
<tr>
<td>EXP DATE:</td>
<td>3/3/2025</td>
</tr>
<tr>
<td>INSPECTOR:</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: 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 41°F.
- 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: **X** Yes: **☐** No: **☐**

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

Potential Food Safety All Star: **☐**

Received By: ________________________________  
Susan Lee-Yang - REHS  
Agency Representative

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