



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 - GR7 (>1 mil)

| | | | | | |
|------------------------|------------------|---------------------------|---------------|--------------------------|-----------------|
| Facility Name | | Facility Address | | City/State | Zip Code |
| ME-N-ED'S PIZZA | | 1290 N LEMOORE AVE | | LEMOORE, CA | 93245 |
| Owner/Operator | | Facility Phone No. | Inspection ID | Inspection Result | |
| JOHN FERDINANDI | | 5595826205 | 37356 | Needs Improvement | |
| Inspector Name | Inspection Date | Purpose of Inspection | | Permit License | Expiration Date |
| Chaitanya Patel | 5/15/2024 | Routine Inspection | | PR0000244 | 6/1/2024 |

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

| Violation Status | Violation Code | Violation Summary | Observation |
|---|--|--|-------------|
| FDA Food Code 2017 | | | |
| <input type="checkbox"/> -Select- <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | 38 - PREVENTION OF FOOD CONTAMINATION - Insects, rodents, and animals not present | Rocahes seen - 1- behind the arcade machine 2- Behind the trash can holder in the dining area under the mural/picture 3- Several small roaches seen around dining area under tables 4- Dead roaches seen in the air gap drain in the two drains in the kitchen area 5- Dead roaches seen behind 2 L soda refrigeration unit. it is recommended that pest control is resumed immediately. provide proof of schedule by midday Friday, May 17, 2024 to avoid closure. it is also recommended this facility maintain a monthly pest control service. last pest control was noted for March 18, 2024. | |



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Overall Inspection Comment:

A routine inspection was conducted and following was observed.
This inspection was also conducted due a complaint received regarding roaches at the facility.
This complaint is substantiated and there were roaches seen, alive and dead at multiple locations in the facility.
Last Pest Control is noted for March 18, 2024. Pest control needs to resume immediately. Facility has until Mid-Day Friday May 17, 2024 to send proof of scheduled pest control service. If this is not completed on time, facility risks closure due to roach infestation.

Hot water temperature at the handwash sink above 100F. Hand wash sink was properly stocked with paper towels and soap.
3 Compartment dishwash sink water temperature noted above 120F.
Walk in Refrigeration unit noted below 41°F. All items were stored at least 6 inches above ground.
Cold holding temperature in the food prep line for grilled chicken, pepperoni, cheese and tomatoes were noted below 41°F.
Food manager certificate not present on site.
General cleanliness in satisfactory condition.

ATTENTION: There are a total of 1 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: **5/15/2024**

Phone: **559-584-1411**

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



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FOOD SAFETY EVALUATION REPORT

| | | | |
|---|--|---------------------------------|---|
| FACILITY NAME: ME-N-ED'S PIZZA | BUSINESS PHONE: (559) 924-3484 | RECORD ID#: PR0000244 | DATE: December 21, 2022 |
| FACILITY SITE ADDRESS: 1290 N LEMOORE AVE | CITY: LEMOORE | ZIP CODE: 93245 | INSPECTION TYPE: 2ND+ FOLLOWUP INSPECTION |
| OWNER NAME: JOHN A. FERDINANDI | CERTIFIED FOOD MANAGER: RAFAEL CARMONA | EXP DATE: 11/6/2023 | INSPECTOR: SEM HAR 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.

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

Description/Corrective Action: Observed the facilities sanitizer buckets to not be set up. This must be set up and ready for use during the facilities hours of operation, to ensure surfaces are properly sanitized and prevent microbial growth and cross contamination. The assistant manager corrected this on site. The bucket was at 200 ppm.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Repeat violation updated: Observed debris and a mold like substance in the cabinets directly below the soda machine. This can possibly be from the previous leak. Please have the area cleaned and sanitized, and have the damaged areas replaced as soon as possible to stop any spread from contaminating any other areas.

General Comments:

The purpose of this re-inspection is to verify compliance with the previous inspection that was conducted on 10/26/2022. The inspection revealed the following:

-Areas observed in previous inspection to have food build up were cleaned. Minimal food build up was observed in the food preparation area due to the preparation done that day. Please closely monitor the cleanliness of the facility to ensure excessive amounts of food build up do not occur.

-Sanitizer buckets must be made throughout the facilities hours of operation. This was corrected on site.

-Please ensure the cabinets directly underneath the soda machine is rectified by 11/11/2022, a re-inspection will be conducted on or after 11/11/2022 to verify that it has properly been fixed. A \$226 fee will be implemented, if further inspections are required additional \$226 fees will be implemented per inspection. Please contact the department should you have any questions.

Thank you for your time.

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



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| | |
|---|--|
| RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL | Reinspection Required: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> Reinspection Date (on or after): N/A <input type="checkbox"/> Potential Food Safety All Star: |
|---|--|

SEM HAR GEBREGZIABIHE

Received By: _____

Agency Representative

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