Bar Permit Inspection Report

Kings County Department of Public Health
Environmental Health Services
460 Kings County Dr., Suite 101 & 102 Hanford CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - https://www.kcdph.com/ehs

INSPECTION REPORT

BAR

Facility Name	Facility Address	City/State	Zip Code
THE WRECKING BAR	**700 N LEMOORE AVE**	**LEMOORE, CA**	**93245**

Owner/Operator	Facility Phone No.	Inspection ID	Inspection Result
CANDICE BURNES	**5599251227**	**32797**	**Needs Improvement**

Inspector Name	Inspection Date	Purpose of Inspection	Permit License	Expiration Date
REHS INSPECTOR	**3/22/2024**	**Routine Inspection**	**PR0009571**	**8/1/2025**

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			
☐ -Select- ☐ IN ☑ OUT ☐ N/A	10 - PREVENTING CONTAMINATION BY HANDS - Adequate handwashing sinks properly supplied and accessible	Paper towel dispenser was not available at the bar. paper towels must be provided to prevent cross contamination when washing hands.	

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Overall Inspection Comment:

Inspection on the date with Jacqueline Bravo. The hand wash sink had hot water and soap. All refrigerators maintained a temperature of 41°F. or below. The ice machine was clean. The temperature of the sink to wash glasses at the bar was above 120°F. The facility is currently operating without a valid health permit because the permit fees are past due. Permit fees must be paid by March 31, 2024 to prevent possible closure of the facility.

Inspection conducted by Keith Jahnke REHS

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: **REHS INSPECTOR**

Title: **Environmental Health Officer**

Date: **3/22/2024**

Email: **ehs@co.kings.ca.us**
Phone: **559-584-1411**

CERTIFICATION OF RETURN TO COMPLIANCE

I certify that the violations noted above on this report have been corrected. I have personally examined any documentation attached to the certification to establish that the violations have been corrected.

Signature:_____ Title:_____ Date:_____