



Restaurant Bakery 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

FOOD VENDING PERMIT - GR7 (>1 mil)

Facility Name		Facility Address		City/State		Zip Code		
THE VINEYARD RESTAURANT		819 E BUSH ST		LEMOORE, CA		93245		
Owner/Operator			Facility Phone No.		Inspection ID		Inspection Result	
LUCY JONES			5597070625		19997		Needs Improvement	
Inspector Name		Inspection Date	Purpose of Inspection			Permit License		Expiration Date
Evelyn Elizalde		8/29/2023	Routine Inspection			PR0000630		3/1/2026

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 ☐ NA	16 - PROTECTION FROM CONTAMINATION - Food-contact surfaces; cleaned and sanitized	Observed sanitizer buckets and dish washer lacking chlorine. Please ensure sanitizer is available and provide test strips to monitor chemical levels.	
☐ -Select- ☐ IN ☒ OUT ☐ N/A	49 - UTENSILS, EQUIPMENT AND VENDING - Non-food contact surfaces clean	Observed grease build up on hood near food prep line. Please maintain hood clean to prevent a grease fire.	



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Overall Inspection Comment:

The following was observed during today's routine inspection:

The hand wash station had hot water at 100 F, with soap, and paper towels.

Refrigeration units were below 41 F.

Three compartment sinks had hot water at 120 F.

All foods in refrigeration units had lids or were individually wrapped to prevent cross contamination.

The internal temperature for meat cooking on the stove was above 165 F.

The large ice machine towards the back kitchen was clean and had a designated area for the hand scoop.

Please provide a copy of an active food managers certificate to our office along with proof of a certified pest control service within 30 days of this inspection.

ATTENTION: There are a total of 2 item(s) marked above in violation. Total Major violations are 0.

Signatures

Received By:

Inspected By:

Inspector Name: **Evelyn Elizalde**

Title: **Environmental Health Officer III**

Date: **8/29/2023**

Email: **Evelyn.Elizalde@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: _____