



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 - GR2 (12-100)

Facility Name	Facility Address	City/State	Zip Code	
WIMPY'S HAMBURGERS	321 S LEMOORE AVE	LEMOORE, CA	93245	
Owner/Operator	Facility Phone No.	Inspection ID	Inspection Result	
DUVAL ESPINOZA	5596795667	57377	Pass	
Inspector Name	Inspection Date	Purpose of Inspection	Permit License	Expiration Date
Evelyn Elizalde	3/11/2025	Routine Inspection	PR0011064	10/1/2025

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 ☐ NA ☐ NO	15 - PROTECTION FROM CONTAMINATION - Food separated and protected	Observed ready to eat food items under the fryer without a cover. Please provide a cover or lid to the containers to prevent cross contamination.	
☐ -Select- ☐ IN ☒ OUT ☐ N/A	55 - PHYSICAL FACILITIES - Physical facilities installed, maintained, and clean	Observed ice build up on drain line by the evaporator cooler. Please have unit serviced and make any necessary repairs.	



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Overall Inspection Comment:

The following was observed during today's routine inspection:

The three compartment sink had hot water above 120 F.
The hand wash stations had hot water, soap and paper towels.
The CO2 tanks were chained and secure.
Refrigeration units were below 41 F.
The hood was clean and free of debris. The next service date is scheduled for September 2025.
The restrooms were clean and had hot water, soap, and paper towels.

Please provide a copy of an active food managers certificate to us 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: **3/11/2025**

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: _____