



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 - GR6 (750- 1mil)

Facility Name	Facility Address	City/State	Zip Code	
DOMINO'S PIZZA	25 W D ST	LEMOORE, CA	93245	
Owner/Operator	Facility Phone No.	Inspection ID	Inspection Result	
NICK HISHMEH	5599243545	57457	Pass	
Inspector Name	Inspection Date	Purpose of Inspection	Permit License	Expiration Date
Evelyn Elizalde	3/11/2025	Routine Inspection	PR0005486	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	55 - PHYSICAL FACILITIES - Physical facilities installed, maintained, and clean	Observed broken floor tiles by the walk in refrigeration unit. Please make the necessary repairs or replace tile. Observed air curtain by the delivery door not functioning. Please make the necessary repairs or replace unit.	



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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 station had hot water, soap and paper towels.
Refrigeration units were below 41 F.

The facility has an active food managers certificate for Steven Hernandez that expires on 7/25/29

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: **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: _____