FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEMOORE TRINITY ASSOCIATION</td>
<td>(559) 924-1969</td>
<td>PR0008439</td>
<td>May 31, 2022</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
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</thead>
<tbody>
<tr>
<td>470 CHAMPION ST</td>
<td>LEMOORE</td>
<td>93245</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
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<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
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<tbody>
<tr>
<td>LEMOORE TRINITY</td>
<td>Not Specified</td>
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<td>SEMHAR GEBREGZIABIHE</td>
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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: None Noted

General Comments:

Observations:

Hand washing station was supplied with hot water, soap, and paper towels.

Restrooms were fully stocked with hot water, soap, and paper towels.

Refrigeration unit was functioning properly below 41F.

The ice machine at this facility was not functioning. The operator stated a new one will be procured in the future.

The bar area was well maintained and clean. The compartment sink was well maintained and had hot water.

Gay Hooper was present for this inspection.

Overall this facility is in satisfactory condition.

Thank you for your time.

RESULTS OF EVALUATION:  

- [x] PASS  
- [ ] NEEDS IMPROVEMENT  
- [ ] FAIL

Reinspection Required:  
- [x] Yes  
- [ ] No

Reinspection Date (on or after):  
- [ ] N/A

Potential Food Safety All Star:  
- [ ]

Received By:  
- [ ]

Agency Representative  
- [ ]

NOTE: This report must be made available to the public on request.
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<td>Susan Lee-Yang - REHS</td>
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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 hood baffles with dust and grease accumulation. Have the hood professionally steamed cleaned.

**General Comments:**

- Hand wash stations have hot and cold water, soap, and paper towels.
- The reach-in refrigerator was measured at 41°F.
- Other than noted, observed facility and bar area clean and maintained.

### RESULTS OF EVALUATION:

- **PASS**
- **FAIL**

- Reinspection Required: Yes: [ ] No: [x]  
- Reinspection Date (on or after): N/A  
- Potential Food Safety All Star: [ ]

**Received By:**

- [Signature]

- **Agency Representative:**

  Susan Lee-Yang - REHS

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<td>INSPECTOR:</td>
<td>Veronica Ochoa -REHS</td>
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**Violation:** None Noted

**General Comments:**

- Kitchen and bar area were stocked with soap, paper towels, and hot water. The reach-in cold holding unit measured at 37F.
- Facility serves as a commissary for the community.

**RESULTS OF EVALUATION:**

- Pass: X
- Needs Improvement: 
- Fail: 

Reinspection Required: Yes: No: X

Reinspection Date (on or after): N/A

Potential Food Safety All Star: 

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Received By: 

Veronica Ochoa -REHS

Agency Representative

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### Violation: Improper Cold Holding Temperature(s) [HSC 113996]

**Description/Corrective Action:**
The facility's cold holding unit measured at 50F. Although no potentially hazardous foods were being stored in the unit, the unit must measure at 41F should the kitchen be rented out for public use. Please ensure the cold holding unit maintains food items at 41F or below.

**General Comments:**
Hand wash station was stocked with soap, paper towels, and hot water.
The bar area and restroom were stocked with soap, paper towels, and hot water.
Sanitizer and dish soap were available for ware washing.

Please address the noted violation in timely manner.

**RESULTS OF EVALUATION:**

- **PASS**
- **NEEDS IMPROVEMENT**
- **FAIL**

**Reinspection Required:**
- Yes: [ ]
- No: [x]

**Reinspection Date (on or after):**
N/A

**Potential Food Safety All Star:**

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Received By: [Signature]

Veronica Ochoa -REHS
Agency Representative