



County of Kings - Department of Public Health  
Environmental Health Services Division  
330 Campus Drive Hanford, CA 93230  
Phone - 559-584-1411 Fax - 559-584-6040  
Internet - www.countyofkings.com/ehs

**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> LEMOORE TRINITY ASSOCIATION	<b>BUSINESS PHONE:</b> (559) 924-1969	<b>RECORD ID#:</b> PR0008439	<b>DATE:</b> May 31, 2022
<b>FACILITY SITE ADDRESS:</b> 470 CHAMPION ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE TRINITY	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> SEM HAR GEBREGZIABIHE

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.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

*Gay Hooper*

SEM HAR GEBREGZIABIHE

Received By:

Agency Representative

NOTE: This report must be made available to the public on request



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<b>FACILITY NAME:</b> LEMOORE TRINITY ASSOCIATION	<b>BUSINESS PHONE:</b> (559) 924-1969	<b>RECORD ID#:</b> PR0008439	<b>DATE:</b> April 16, 2021
<b>FACILITY SITE ADDRESS:</b> 470 CHAMPION ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE TRINITY	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Susan Lee-Yang - REHS

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 41F.

Other than noted, observed facility and bar area clean and maintained.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

*Dog Hunter*

Received By:

*Susan Lee-Yang - REHS*

Agency Representative

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<b>FACILITY NAME:</b> LEMOORE TRINITY ASSOCIATION	<b>BUSINESS PHONE:</b> (559) 924-1969	<b>RECORD ID#:</b> PR0008439	<b>DATE:</b> April 29, 2019
<b>FACILITY SITE ADDRESS:</b> 470 CHAMPION ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE TRINITY	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Veronica Ochoa -REHS

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:

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  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Veronica Ochoa -REHS

Agency Representative

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<b>FACILITY NAME:</b> LEMOORE TRINITY ASSOCIATION	<b>BUSINESS PHONE:</b> (559) 924-1969	<b>RECORD ID#:</b> PR0008439	<b>DATE:</b> May 10, 2018
<b>FACILITY SITE ADDRESS:</b> 470 CHAMPION ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LEMOORE TRINITY	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Veronica Ochoa -REHS

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 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: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): N/A
	<input type="checkbox"/> Potential Food Safety All Star:

*Ray Hansen*

Received By:

Veronica Ochoa -REHS

Agency Representative

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