FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE SENIOR CENTER
BUSINESS PHONE: (559) 924-7791
RECORD ID#: PR0008618
DATE: May 05, 2021

FACILITY SITE ADDRESS: 797 S 18TH ST
CITY: LEMOORE
ZIP CODE: 93245
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: LINDA LAWRENCE/ROSALIE DELAROSA
CERTIFIED FOOD MANAGER: LOGAN BARBER
EXP DATE: 5/24/2023
INSPECTOR: 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:
Hand wash station was stocked with soap, paper towels, and hot water.
Cold holding units measured at 41F or below.
During today's inspection, fried shrimp was observed being prepared at the facility.

<table>
<thead>
<tr>
<th>RESULTS OF EVALUATION:</th>
<th>PASS</th>
<th>NEEDS IMPROVEMENT</th>
<th>FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reinspection Required:</td>
<td>Yes:</td>
<td>No: X</td>
<td></td>
</tr>
<tr>
<td>Reinspection Date (on or after):</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Potential Food Safety All Star: 

Veronica Ochoa -REHS
Agency Representative

NOTE: This report must be made available to the public on request
FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
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<th>RECORD ID#:</th>
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</thead>
<tbody>
<tr>
<td>LEMOORE SENIOR CENTER</td>
<td>(559) 924-7791</td>
<td>PR0008618</td>
<td>February 25, 2020</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
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<tr>
<td>797 S 18TH ST</td>
<td>LEMOORE</td>
<td>93245</td>
<td>ROUTINE INSPECTION</td>
</tr>
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<tr>
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<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINDA LAWRENCE/ROSALIE DELAROSA</td>
<td>DANIEL BEELER</td>
<td>6/12/2020</td>
<td>Susan Lee-Yang - REHS</td>
</tr>
</tbody>
</table>

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:

Hand wash station has hot water, soap, and paper towels.

Cold holding units were noted satisfactory.

Chlorine sanitizer in the 3-compartment sink was noted at 100 ppm.

Observed food products stored off the ground.

Observed food handler wearing disposable gloves.

RESULTS OF EVALUATION: [X] PASS  [☐] NEEDS IMPROVEMENT  [☐] FAIL

Reinspection Required: [☐] Yes: [X] No:

Reinspection Date (on or after): N/A

[☐] Potential Food Safety All Star:

Susan Lee-Yang - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

LEMOORE SENIOR CENTER

797 S 18TH ST

LEMOORE 93245

FACILITY NAME: LEMOORE SENIOR CENTER

BUSINESS PHONE: (559) 924-7791

RECORD ID#: PR0008618

DATE: June 17, 2019

OWNER NAME: LINDA LAWRENCE/ROSALIE DELAROSA

CERTIFIED FOOD MANAGER: DANIEL BEELER

EXP DATE: 6/12/2020

FACILITY SITE ADDRESS: 797 S 18TH ST

CITY: LEMOORE

ZIP CODE: 93245

INSPECTION TYPE: ROUTINE INSPECTION

INSPECTOR: 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 EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: A dead cockroach was observed in the dry storage area of the facility. Please make sure to maintain monthly pest control service and clean any areas where evidence of cockroaches may be observed.

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water. The facility's walk-in refrigerator was not functioning during today's inspection. No food items were observed in the unit. Currently, the facility is awaiting the cost of replacement parts to repair the unit. As a result, the facility obtained a stand-up commercial refrigeration unit and commercial prep cold holding unit to store food product. All of the facility's functioning cold holding units measured at or below 41F.

Currently lunches for the seniors are prepared Monday through Thursday. Today's lunch menu consisted of baked potatoes that were in the process of being prepared.

RESULTS OF EVALUATION: □ PASS □ NEEDS IMPROVEMENT □ FAIL

Reinspection Required: Yes: □ No: X

Reinspection Date (on or after): N/A

Potential Food Safety All Star: □

Reinspection Date (on or after): N/A

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

VERONICA OCHAOA -REHS

Agency Representative

Received By:
FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE SENIOR CENTER
BUSINESS PHONE: (559) 924-7791
RECORD ID#: PR0008618
DATE: June 20, 2018

FACILITY SITE ADDRESS: 797 S 18TH ST
CITY: LEMOORE
ZIP CODE: 93245
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: LINDA LAWRENCE/ROSALIE DELAROSA
CERTIFIED FOOD MANAGER: JOSEPHINE J. WOOD
EXP DATE: 1/25/2019
INSPECTOR: 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.

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<td>IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT</td>
<td>The facility's hood have not been professionally cleaned even though it was noted on the facility's last routine inspection. There is an accumulation of grease on the baffles and lack of proper cleaning may lead to grease fire. Also, the facility's three compartment sink has leak underneath the sanitizing basin. Please repair this leak as soon as possible.</td>
</tr>
<tr>
<td>FOODS &amp; EQUIPMENT NOT PROTECTED FROM CONTAMINATION</td>
<td>Bagged salad was observed being stored directly on the walk-in refrigerator floor. Please make sure to keep all food items stored at least six inches off the floor.</td>
</tr>
</tbody>
</table>

General Comments:
Hand wash station was stocked with soap, paper towels, and hot water.
The walk-in refrigerator measured at 41F.

RESULTS OF EVALUATION: NEEDS IMPROVEMENT
Reinspection Required: Yes: No: X
Reinspection Date (on or after): N/A

Received By: JOSEPHINE J. WOOD

Veronica Ochoa - REHS
Agency Representative

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