



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

FACILITY NAME: WALGREENS #11612	BUSINESS PHONE: (559) 925-6510	RECORD ID#: PR0007527	DATE: February 22, 2022
FACILITY SITE ADDRESS: 12 W HANFORD-ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: WALGREENS CORPORATION	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: 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:

-Routine Inspection-

Restrooms were supplied with soap, hot water, and paper towels.

The back storage was clean. All food stored was six inches above the ground.

All refrigeration units storing cheese, milk, etc. was 41F and below.

All freezer units containing frozen prepackaged foods and other miscellaneous items were 0F and below.

This facility utilizes the FIFO method when distributing foods. Observed an employee checking all food items for any adulteration and contamination.

All food items in the aisles and around the perimeter of the aisles were stored six inches above the ground.

Overall well maintained facility. Please contact our office if you have any questions.

Thank you for your time.

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:

SEM HAR GEBREGZIABIHE

Received By: _____

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: WALGREENS #11612	BUSINESS PHONE: (559) 925-6510	RECORD ID#: PR0007527	DATE: February 10, 2021
FACILITY SITE ADDRESS: 12 W HANFORD-ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: WALGREENS CORPORATION	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: 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: None Noted

General Comments:

Restroom has hot and cold water, soap, and paper towels.

Cold holding units were measured below 41F.

Observed food products stored off the ground.

Facility was clean and maintained.

A copy of the report will be emailed to the operator. Please contact our office at 559-584-1411 if there are any questions.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

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OFFICIAL INSPECTION REPORT

FACILITY NAME: WALGREENS #11612	BUSINESS PHONE: (559) 925-6510	RECORD ID#: PR0007527	DATE: March 26, 2020
FACILITY SITE ADDRESS: 12 W HANFORD-ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: PUBLIC INFORMATION/EDUCATIOI
OWNER NAME: WALGREENS CORPORATION	Program Description: 1107 - KINGS DPH COVID-19	EXP DATE:	INSPECTOR: Susan Lee-Yang - REHS

The items (if any) listed below identify the Health Code 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:

The following were discussed during today's visit:

- The staff is aware of social distancing by requesting that customers keep apart a minimum of six feet from each other and staff.
- All work surfaces should be cleaned and sanitized with 100ppm chlorine or 200ppm QAC frequently to prevent contamination.
- Under no circumstances are employees who feel sick or are sick with respiratory (i.e. fever, coughing or sneezing) or gastrointestinal (i.e. vomiting or diarrhea) symptoms are allowed to work in the facility.

Please contact our Department if you have further questions.

Reinspection Required: Yes: No: **Reinspection Date (on or after):** Not Specified

Susan Lee-Yang - REHS

Environmental Health Specialist

Received By: _____



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: WALGREENS #11612	BUSINESS PHONE: (559) 925-6510	RECORD ID#: PR0007527	DATE: August 15, 2019
FACILITY SITE ADDRESS: 12 W HANFORD-ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: WALGREENS CORPORATION	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	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:

The men's and women's restroom were stocked with soap, paper towels, and hot water.
The cold holding unit measured at 34F.
All baby food was noted unexpired.

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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