FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE SENIOR CENTER BINGO SNACK BAR
BUSINESS PHONE: (559) 924-9737
RECORD ID#: PR0003660
DATE: May 05, 2021

FACILITY SITE ADDRESS:
789 18TH AVE
LEMOORE 93245

CITY: LEMOORE
ZIP CODE: 93245

INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: LEMOORE SENIOR BINGO
CERTIFIED FOOD MANAGER: MICHAEL REA
EXP DATE: 10/19/2021
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.
All cold holding units measured at 41F or below.
Tonight will be the first night bingo will be resuming due to the COVVID-19 pandemic.
Food that will be served will come made to order from Hobo Catering who will be utilizing the Lemoore Senior Center kitchen.

RESULTS OF EVALUATION: ✗ PASS □ NEEDS IMPROVEMENT □ FAIL
Reinspection Required: Yes: □ No: ✗
Reinspection Date (on or after): N/A
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>
<th>BUSINESS PHONE:</th>
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<th>DATE:</th>
</tr>
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<tbody>
<tr>
<td>LEMOORE SENIOR CENTER BINGO SNACK BAR</td>
<td>(559) 924-9737</td>
<td>PR0003660</td>
<td>February 25, 2020</td>
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<table>
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<tr>
<td>789 18TH AVE</td>
<td>LEMOORE</td>
<td>93245</td>
<td>ROUTINE INSPECTION</td>
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<tr>
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<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
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<tbody>
<tr>
<td>LEMOORE SENIOR BINGO</td>
<td>RICHARD W REA</td>
<td>4/9/2020</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: IMPROPER EXCLUSION OF VERMIN OR ANIMALS  [HSC 114259-114259.3]

Description/Corrective Action:
- Observed rodent droppings on the lower storage shelves inside the storage room.
- Clean area with sanitizer solution and ensure facility contracts with certified pest control service for routine treatment to eliminate the problem. Please retain invoices for verification.

General Comments:

- Hand wash station has hot water, soap, and paper towels.
- Cold holding units were noted at or below 41F.
- Observed food products stored off the ground.
- Observed hood baffles clean.

RESULTS OF EVALUATION: ☐ PASS ☒ NEEDS IMPROVEMENT ☐ FAIL

Reinspection Required: ☒ Yes: ☐ 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

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<tr>
<td>LEMOORE SENIOR CENTER BINGO SNACK BAR</td>
<td>(559) 924-9737</td>
<td>PR0003660</td>
<td>June 17, 2019</td>
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<tr>
<td>LEMOORE SENIOR BINGO</td>
<td>RICHARD W REA</td>
<td>8/23/2019</td>
<td>Veronica Ochoa -REHS</td>
</tr>
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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 MAINTENANCE OF FACILITY OR EQUIPMENT

Description/Corrective Action:
The facility's hood as well as the hood baffles need to be cleaned. Please contract with a company who can service the entire hood. Proof of service must be shown to our Department during the facility's next routine inspection.

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water.
Cold holding units measured at or below 41F.

Please make sure to address the noted violation in a timely manner. As a reminder, the facility's food manager's certification will expire in August of this year. Please make sure to obtain a food manager's certification prior to the certificate expiring. When the certificate is obtained, please make sure to provide a copy to our Department.

RESULTS OF EVALUATION: X PASS ☐ NEEDS IMPROVEMENT ☐ FAIL

Reinspecktion Required: ☐ Yes: ☐ No: X
Reinspection Date (on or after): N/A

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

**FOOD SAFETY EVALUATION REPORT**

**FACILITY NAME:** Lemoore Senior Center Bingo Snack Bar  
**BUSINESS PHONE:** (559) 924-9737  
**RECORD ID#:** PR0003660  
**DATE:** June 20, 2018

**FACILITY SITE ADDRESS:** 789 18TH AVE  
**CITY:** Lemoore  
**ZIP CODE:** 93245  
**INSPECTION TYPE:** ROUTINE INSPECTION

**OWNER NAME:** Lemoore Senior Bingo  
**CERTIFIED FOOD MANAGER:** Richard W. Rea  
**EXP DATE:** 8/23/2019  
**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.

**FOOD SAFETY EVALUATION REPORT**

**Owner Name:** Richard W. Rea  
**Facility Name:** Lemoore Senior Center Bingo Snack Bar  
**Address:** 789 18th Ave, Lemoore, CA 93245  
**Phone:** (559) 924-9737  
**Fax:** N/A  
**Date:** June 20, 2018

**Inspector:** Veronica Ochoa -REHS  
**Inspection Type:** Routine Inspection  
**Inspection Date:** June 20, 2018

**Record ID:** PR0003660

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**Violation:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION  
**[HSC 113980, 114025-114027]**

**Description/Corrective Action:** A red sanitizer bucket was observed submerged in one of the ice machines. This bucket was removed by this Department at the time of the inspection and all of the ice in this ice machine was discarded by one of the persons in charge. No items shall ever be stored inside of an ice machine, as ice is intended for consumption.

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**General Comments:**

Hand wash station was stocked with soap, paper towels, and hot water. The reach-in refrigerator measured at 38F and the walk-in, which doesn't store potentially hazardous foods measured at 44F.

**RESULTS OF EVALUATION:**

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

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

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

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**Received By:**

**Agency Representative:**

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

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