



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

HOUSING OFFICIAL INSPECTION REPORT

FACILITY NAME: TRAVELODGE	BUSINESS PHONE: (559) 270-5813Ext. Jay	RECORD ID#: PR0008976	DATE: February 16, 2022
FACILITY SITE ADDRESS: 877 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUNAY HOSPITALITY CORP	Program Description: 1632 - 1632 HOTEL BREAKFAST	EXP DATE: 1/4/2021	INSPECTOR: SEM HAR GEBREGZIABIHE

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:

Due to COVID- 19 the banquet hall and kitchen facility are not used. Please contact our office when you resume serving breakfast to your guests.

Reinspection Required:

Yes:

No:

Reinspection Date (on or after):

Not Specified

Received By:

SEM HAR GEBREGZIABIHE

Agency Representative



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TRAVELODGE	BUSINESS PHONE: (559) 270-5813Ext. Jay	RECORD ID#: PR0008976	DATE: December 08, 2021
FACILITY SITE ADDRESS: 877 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUNAY HOSPITALITY CORP	CERTIFIED FOOD MANAGER: CHIRAG PATEL	EXP DATE: 1/4/2021	INSPECTOR: Luis Flores - 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:

An inspection of this facility revealed it is not in active operation at this time. Food products are no longer being stored at the facility and equipment such as refrigeration is not turned on for use. The inspection occurred at approximately 8:05 AM which would be the time of continental breakfast serving. However, no food service was ongoing.

According to motel manager, the food service area has been out of service for two years. Based on the obtained information and the inspection, this department will inactivate your facility from food program participation.

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:

Luis Flores - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TRAVELODGE	BUSINESS PHONE: (415) 850-5742	RECORD ID#: PR0008976	DATE: April 12, 2019
FACILITY SITE ADDRESS: 877 E D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SUNAY HOSPITALITY CORP	CERTIFIED FOOD MANAGER: CHIRAG PATEL	EXP DATE: 1/4/2021	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The kitchen's hood needs to be professionally cleaned and proof of service (service sticker) must be shown on the hood.

General Comments:

Hand wash station and restroom were stocked with soap, paper towels, and hot water.
The reach-in cold holding unit measured at 38F.
The mechanical dishwasher's chlorine sanitizer after the final rinse cycle measured at 50 ppm.

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

Received By:

Agency Representative

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