## HOUSING OFFICIAL INSPECTION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAVELODGE</td>
<td>(559) 270-5813 Ext. Jay</td>
<td>PR0008976</td>
<td>February 16, 2022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>EXP DATE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>877 E D ST</td>
<td>LEMOORE</td>
<td>1/4/2021</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>Facility Site Address:</th>
<th>Facility Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUNAY HOSPITALITY CORP</td>
<td>TRAVELODGE</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Description:</th>
<th>RECORD ID#:</th>
<th>EXP DATE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1632 - 1632 HOTEL BREAKFAST</td>
<td>PR0008976</td>
<td>1/4/2021</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

### Program Description:

| Manitoba (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. |

<table>
<thead>
<tr>
<th>Violation:</th>
<th>None Noted</th>
</tr>
</thead>
</table>

### 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.

<table>
<thead>
<tr>
<th>Reinspection Required:</th>
<th>Yes:</th>
<th>No:</th>
<th>Reinspection Date (on or after):</th>
<th>Not Specified</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reinspection Required:</th>
<th>Yes:</th>
<th>No:</th>
<th>Reinspection Date (on or after):</th>
<th>Not Specified</th>
</tr>
</thead>
</table>

Received By: SEMHAR GEBREGZIABIHE

Agency Representative

DAWH7NO7C 8:42 AM Page 1 of 1
## FOOD SAFETY EVALUATION REPORT

### Facility Information
- **Facility Name:** TRAVELODGE
- **Business Phone:** (559) 270-5813 Ext. Jay
- **Record ID:** PR0008976
- **Date:** December 08, 2021
- **Facility Site Address:** 877 E D ST
- **City:** LEMOORE
- **Zip Code:** 93245
- **Owner Name:** SUNAY HOSPITALITY CORP
- **Certified Food Manager:** CHIRAG PATEL
- **Exp Date:** 1/4/2021
- **Inspector:** Luis Flores - REHS

### 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

- **Reinspection Required:** No: [x] Yes: No
- **Reinspection Date (on or after):** N/A
- **Potential Food Safety All Star:**

### Signature

Luis Flores - REHS  
Agency Representative

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

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**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

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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  
[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.

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**RESULTS OF EVALUATION:**

<table>
<thead>
<tr>
<th></th>
<th>PASS</th>
<th>NEEDS IMPROVEMENT</th>
<th>FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reinspection Required:** Yes: [ ] No: [X]  
**Reinspection Date (on or after):** N/A  
**Potential Food Safety All Star:** [ ]

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Received By:  

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Veronica Ochoa -REHS  
Agency Representative

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