



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: SKYE	BUSINESS PHONE: (559) 924-6359	RECORD ID#: PR0000392	DATE: September 13, 2019
FACILITY SITE ADDRESS: 219 E ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ROBERT S SCHOENWETTER	CERTIFIED FOOD MANAGER: ROBERT SCHOENWETTER	EXP DATE: 3/25/2022	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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The hand wash station in the kitchen area does not have a functioning cold water handle. As a result, only hot water comes out for hand washing. Please repair or replace the hand wash sinks handle.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Plastic budweiser cups were observed washed at the three compartment sink. The owner threw out all of these cups as they are only single-use and should not be washed, rinsed, or sanitized for re-use.

The facility's hood must be professionally serviced as the last time it was serviced was back in March 2019.

General Comments:

Cold holding units measured at or below 41F. Hand wash sinks were stocked with soap, paper towels, and hot water. Please correct the noted violations in a timely manner.

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

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

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

Handwritten signature of Robert Schoenwetter

Received By:

Veronica Ochoa -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: SKYE	BUSINESS PHONE: (559) 924-6359	RECORD ID#: PR0000392	DATE: March 29, 2019
FACILITY SITE ADDRESS: 219 E ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ROBERT S SCHOENWETTER	CERTIFIED FOOD MANAGER: ROBERT SCHOENWETTER	EXP DATE: 3/25/2022	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 and restrooms were stocked with soap, paper towels, and hot water.
Cold holding units measured at or below 41F.

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:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SKYE	BUSINESS PHONE: (559) 924-6359	RECORD ID#: PR0000392	DATE: September 28, 2018
FACILITY SITE ADDRESS: 219 E ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ROBERT S SCHOENWETTER	CERTIFIED FOOD MANAGER: ROBERT SCHOENWETTER	EXP DATE: 3/25/2022	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 stations and restrooms were stocked with soap, paper towels, and hot water.
Cold holding units storing potentially hazardous foods measured at 39F or below.
Facility was observed well maintained.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Robert Schoenwetter

Received By:

Veronica Ochoa -REHS

Agency Representative

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