FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>SKYE</th>
<th>BUSINESS PHONE:</th>
<th>(559) 924-6359</th>
<th>RECORD ID#:</th>
<th>PR0000392</th>
<th>DATE:</th>
<th>September 13, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY:</td>
<td></td>
<td>ZIP CODE:</td>
<td></td>
<td>93245</td>
<td></td>
<td>INSPECTION TYPE:</td>
<td>ROUTINE INSPECTION</td>
</tr>
<tr>
<td>ZIP CODE:</td>
<td></td>
<td>EXP DATE:</td>
<td>3/25/2022</td>
<td></td>
<td></td>
<td>INSPECTOR:</td>
<td>Veronica Ochoa -REHS</td>
</tr>
<tr>
<td>OWNER NAME:</td>
<td>ROBERT S SCHOENWETTER</td>
<td>CERTIFIED FOOD MANAGER:</td>
<td>ROBERT SCHOENWETTER</td>
<td></td>
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<tr>
<td>FACILITY SITE ADDRESS:</td>
<td>219 E ST</td>
<td>OWNER NAME:</td>
<td>ROBERT S SCHOENWETTER</td>
<td></td>
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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.

**Violations:**

1. **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.

2. **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
- NEEDS IMPROVEMENT
- FAIL

<table>
<thead>
<tr>
<th>Reinspection Required:</th>
<th>Yes:</th>
<th>No:</th>
<th>Reinspection Date (on or after):</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>No:</td>
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**Potential Food Safety All Star:**

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**Received By:**

**Veronica Ochoa -REHS**

Agency Representative
FOOD SAFETY EVALUATION REPORT

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<tr>
<td>SKYE</td>
<td>(559) 924-6359</td>
<td>PR0000392</td>
<td>March 29, 2019</td>
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<tr>
<td>219 E ST</td>
<td>LEMOORE</td>
<td>93245</td>
<td>ROUTINE INSPECTION</td>
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<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
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<tr>
<td>ROBERT S Schoenwetter</td>
<td>ROBERT SCHOENWETTER</td>
<td>3/25/2022</td>
<td>Veronica Ochoa -REHS</td>
</tr>
</tbody>
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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: 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: X PASS □ NEEDS IMPROVEMENT □ FAIL

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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

SKYE
219 E ST
LEMOORE 93245

(559) 924-6359

September 28, 2018

Robert Schoenwetter

Veronica Ochoa - REHS

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: X PASS ☐ NEEDS IMPROVEMENT ☐ FAIL

Reinspection Required: ☐ Yes: ☐ No: X

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

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

Received By: