FOOD SAFETY EVALUATION REPORT

FACILITY NAME: MICKY'S BAR & GRILL
BUSINESS PHONE: Not Specified
RECORD ID#: PR0000401
DATE: January 27, 2022

FACILITY SITE ADDRESS: 230 FOX ST
CITY: LEMOORE
ZIP CODE: 93245
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: CHARLES KRANTZ
CERTIFIED FOOD MANAGER: ELTON GRAY
EXP DATE: 9/20/2024
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 CLEANING OF UTENSILS AND EQUIPMENT

Description/Corrective Action: The facility's mechanical dishwasher was recently vandalized and as a result was not functional during today's inspection. The owner of the facility indicated that a service company has been called to repair the unit. Please ensure that the chlorine level after the final rinse cycle measures at 50 ppm.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT

Description/Corrective Action: The facility's hood is in need of service as an excessive amount of grease was observed on the hood baffles. The owner of the facility indicated that the facility will be having the hood serviced next week. Please ensure a service sticker is placed on the hood after the service has been completed.

The reach-in freezer currently has a bucket that is being utilized as a condensate pan. Please have the unit repaired so that the bucket is no longer needed to catch condensate. At the time of the inspection, the food items in the freezer were frozen.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES

Description/Corrective Action: The hand wash sink in the kitchen area was not equipped with paper towels at the beginning of the inspection. Also, the hand wash stations in the restrooms were not equipped with hot water. Please ensure all hand wash stations are stocked with soap, paper towels, and hot water.

General Comments:

During today's inspection, it was mentioned that the current owner of the facility, Charles Krantz, recently hired Elton Gray to run the facility's kitchen. It was also mentioned that the facility is currently for sale. As a reminder, should the facility change ownership, the facility would need to undergo some remodeling of the kitchen as the facility would no longer be "grandfathered in." At a minimum, a hand wash sink and proper coved flooring would have to be installed in the kitchen should a new owner take over. Prior to any construction taking place, construction plans would have to be submitted and approved by this department. Please remember to notify this department of a change in ownership.

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>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICKY'S BAR &amp; GRILL</td>
<td>Not Specified</td>
<td>PR0000401</td>
<td>January 27, 2022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>230 FOX ST</td>
<td>LEMOORE</td>
<td>93245</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARLES KRANTZ</td>
<td>ELTON GRAY</td>
<td>9/20/2024</td>
<td>Veronica Ochoa -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.

- **FAIL**
- Needs Improvement

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

Potential Food Safety All Star: ☐

Received By: [Signature]

Veronica Ochoa -REHS
Agency Representative

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

FACILITY NAME: MICKY’S BAR & GRILL
BUSINESS PHONE: Not Specified
RECORD ID#: PR0000401
DATE: June 11, 2021

FACILITY SITE ADDRESS: 230 FOX ST
CITY: LEMOORE
ZIP CODE: 93245
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: CHARLES KRANTZ
CERTIFIED FOOD MANAGER: ELENA QUAIR
EXP DATE: 2/24/2025
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 COLD HOLDING TEMPERATURE(S) [HSC 113996]
Description/Corrective Action: The large prep cold holding unit in the kitchen measured at 53F. Food items (shelled eggs, cheese, butter, and bacon) that were in this unit were removed from the unit and placed in the facility's walk-in refrigerator by the kitchen staff. According to the kitchen staff, the food items were only in the unit for approximately 2 hours. Discontinue to use this cold holding unit until the unit is either repaired or replaced. All cold holding units must measure at or below 41F.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]
Description/Corrective Action: Please consider having the hood serviced as grease was observed build-up on the baffles. The last time the hood was professionally cleaned and serviced was in June 2020.

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water.
The walk-in refrigerator measured at 38F.
The facility's mechanical dishwasher measured at 100 ppm of chlorine after the final rinse cycle.

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: □

Veronica Ochoa - REHS
Agency Representative

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

- **IMPROPER COLD HOLDING TEMPERATURE(S)**
  
  **Description/Corrective Action:**
  The facility's walk-in refrigerator measured at 47°F. Since potentially hazardous foods are stored in this unit, the unit must measure at or below 41°F. Please have the unit repaired and/or replaced.

- **NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF**
  
  **Description/Corrective Action:**
  The facility currently does not have anyone on staff with a valid food manager's certification. Please have someone sign-up for the course and provide proof of the food manager's certification within the next 60 days.

- **IMPROPER MAINTENANCE OF HANDWASH FACILITIES**
  
  **Description/Corrective Action:**
  The hand wash station was not stocked with soap at the beginning of the inspection. Anytime the soap runs out, please replace it.

- **IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT**
  
  **Description/Corrective Action:**
  The facility's hood needs to be professionally serviced as the last time it was serviced was May 2019. During the inspection, the owner called to have the hood serviced.

  The spring to both restroom doors need to be adjusted so that the doors self-close.

  The inside of the ice machine in the bar area needs to be wiped cleaned. Please remove the ice from the machine and wipe the inside lip of the machine with bleach water to remove the slime that has accumulated.

---

**General Comments:**

Hand wash stations were stocked with soap, paper towels, and hot water.

All cold holding units, except for the one noted above, measured at or below 41°F.

Please correct the noted violations in a timely manner.
FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICKY'S BAR &amp; GRILL</td>
<td>Not Specified</td>
<td>PR0000401</td>
<td>December 02, 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>230 FOX ST</td>
<td>LEMOORE</td>
<td>93245</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARLES KRANTZ</td>
<td>Not Specified</td>
<td></td>
<td>Veronica Ochoa -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.

RESULTS OF EVALUATION:  

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

Reinspection Required:  

- Yes: [ ]  
- No: [x]  

Reinspection Date (on or after):  N/A

Potential Food Safety All Star:  

---

Received By:  

Veronica Ochoa -REHS  

Agency Representative

---

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