



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: LEON'S	BUSINESS PHONE: (559) 924-2824	RECORD ID#: PR0010177	DATE: January 27, 2022
FACILITY SITE ADDRESS: 288 W D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOSE LUIS LEON	CERTIFIED FOOD MANAGER: MA GRICELDA LEON	EXP DATE: 4/11/2021	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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The kitchen hand wash sink was observed still leaking from the nozzle. This violation was noted previously. Please make sure to repair this issue.

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

Description/Corrective Action: The facility's mop was observed in the facility's three compartment sink. Please make sure to place the facility's mop and mop water in the facility's mop sink. The three compartment sink sole purpose is for warewashing.

Violation: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The facility currently has an expired food manager. This violation was previously written up as well. Please update the food manager with this department as soon as possible.

General Comments:

The facility is currently not operating this business but will be operating within the next few weeks. Most of the facility's cold holding units were not in turned on. Prior to operating, please make sure the cold holding units measure at or below 41F and that the freezers maintain food items frozen. Please make sure the noted violations are corrected in a timely manner.

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:

Veronica Ochoa -REHS

Agency Representative

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



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: LEON'S	BUSINESS PHONE: (559) 924-2824	RECORD ID#: PR0010177	DATE: June 11, 2021
FACILITY SITE ADDRESS: 288 W D ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOSE LUIS LEON	CERTIFIED FOOD MANAGER: MA GRICELDA LEON	EXP DATE: 4/11/2021	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Food product was observed being stored directly on the floor in the facility's dry storage area. Please make sure to store food product at least six inches off the ground.

Violation: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The certified food manager certification for this site has expired. Please make sure a certification is obtained within 60 days and proof is shown to our department.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The front hand wash station currently leaks water from the nozzle. Paper towels were not in the paper towel dispenser at the restroom hand wash sink. Please ensure the hand wash sinks do not leak and that paper towels are placed in the dispensers,

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Two ice cream scoops were observed left in the dipper well from the night before. Please ensure utensils are washed, rinsed, and sanitized on a daily basis.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.
Cold holding units measured at or below 41F.
Currently, this facility purchases ice cream from Producers in Fresno, La Michoacana in Hanford, and Rosa Brothers in Tulare. All of the ice cream currently being sold at this facility is scooped ice cream as no ice cream bars were present during the inspection. Corn on the cob is currently being sold at this facility; however, the corn is currently being made at Super Mercado Leon and simply hot held at this facility.

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:

Veronica Ochoa -REHS

Agency Representative

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



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

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD MANAGER, EXP DATE, INSPECTOR.

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 LABELING OF PREPACKAGED FOODS [HSC 114089-114090]

Description/Corrective Action: Observed baked goods inside the cold holding refrigerator unlabeled. Ensure all prepackaged food items are properly labeled. Label information shall include the following: (1) The common name of the food, or absent a common name, an adequately descriptive identity statement. (2) If made from two or more ingredients, a list of ingredients in descending order of predominance by weight, including a declaration of artificial color or flavor and chemical preservatives, if contained in the food. (3) An accurate declaration of the quantity of contents. (4) The name and place of business of the manufacturer, packer, or distributor.

General Comments:

- Hand wash station and restroom has hot and cold water, soap, and paper towels. Cold holding units were noted at or below 41F. Observed facility clean and organized. Observed food products stored off the ground. Corn in the hot holding unit was noted above 135F. Please correct today's noted violations.

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:

Handwritten signature in blue ink.

Susan Lee-Yang - REHS

Received By:

Agency Representative

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