



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: LEMOORE CHRISTIAN AID	BUSINESS PHONE: (559) 924-2229	RECORD ID#: PR0000396	DATE: April 22, 2021
FACILITY SITE ADDRESS: 224 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LEMOORE CHRISTIAN AID	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Susan Lee-Yang - 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:

- All cold holding units were measured below 41F.
- Observed food products stored off the ground.
- Facility is clean and organized.
- Refrigerators and freezers are monitored and documented.
- Facility is in good operating condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Dalehua Puy

Received By:

Susan Lee-Yang - REHS

Agency Representative

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



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OFFICIAL INSPECTION REPORT

FACILITY NAME: LEMOORE CHRISTIAN AID	BUSINESS PHONE: (559) 924-2229	RECORD ID#: PR0000396	DATE: March 26, 2020
FACILITY SITE ADDRESS: 224 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: PUBLIC INFORMATION/EDUCATIOI
OWNER NAME: LEMOORE CHRISTIAN AID	Program Description: 1107 - KINGS DPH COVID-19	EXP DATE:	INSPECTOR: Veronica Ochoa -REHS

The items (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.

Violation: None Noted

General Comments:

The following were discussed with the operator/owner during today's visit:

1. The staff is aware of social distancing by requesting that customers keep apart a minimum of six feet from each other and staff.
2. All work surfaces should be cleaned and sanitized with 100 ppm chlorine or 200 ppm QAC frequently to prevent contamination.
3. Under no circumstances are employees who feel sick or are sick with respiratory (i.e. fever, coughing or sneezing) or gastrointestinal (i.e. vomiting or diarrhea) symptoms are allowed to work in the facility.

Please contact our department should you have further questions.

Reinspection Required: Yes: No: **Reinspection Date (on or after):** Not Specified

Veronica Ochoa -REHS

Environmental Health Specialist

Received By: _____



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE CHRISTIAN AID	BUSINESS PHONE: (559) 924-2229	RECORD ID#: PR0000396	DATE: June 26, 2019
FACILITY SITE ADDRESS: 224 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LEMOORE CHRISTIAN AID	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Susan Lee-Yang - 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:

Restroom has hot water, soap, and paper towels.

All cold holding units were noted below 41F.

Observed all food products stored off the ground.

All nonperishable food items are organized.

Facility is in good operating condition.

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:

Susan Lee-Yang - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE CHRISTIAN AID	BUSINESS PHONE: (559) 924-2229	RECORD ID#: PR0000396	DATE: June 04, 2018
FACILITY SITE ADDRESS: 224 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LEMOORE CHRISTIAN AID	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Abel Simon - 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:

The temperature of the cold holding units was noted to be below 41°F.
General storage of the dry foods was noted to be above the floor six inches.
The items in the back storage were noted to be well maintained.
The temperature log was noted to be current.
Thank you.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Catherine Dustin

Abel Simon - REHS

Received By:

Agency Representative

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