FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CLUB ARMONA INC
BUSINESS PHONE: (559) 589-9355
RECORD ID#: PR0010475
DATE: December 11, 2019

FACILITY SITE ADDRESS: 14032 FRONT ST
CITY: ARMONA
ZIP CODE: 93202
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: JOSE & SARAH CABRERA
CERTIFIED FOOD MANAGER: Not Specified
EXP DATE: 
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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF

Description/Corrective Action: This facility needs to have one person on staff that holds the food manager's certification. Please make sure to have someone sign up and take the exam within the next 60 days.

General Comments:

Restrooms were equipped with soap, paper towels, and hot water. Please make sure to provide paper towels in the bar area so that proper hand washing may occur.

During the inspection, the owner indicated that the restrooms will be remodeled. Construction plans must be submitted to our department so that they may be reviewed and approved.

RESULTS OF EVALUATION: ☑ PASS ☐ NEEDS IMPROVEMENT ☐ FAIL
Reinspection Required: Yes: ☐ No: ☒
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

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<th>FACILITY NAME:</th>
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<tbody>
<tr>
<td>CLUB ARMONA</td>
<td>(559) 582-9726</td>
<td>PR0000276</td>
<td>October 09, 2018</td>
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<th>INSPECTOR:</th>
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<tbody>
<tr>
<td>LARRY SARCO</td>
<td>N/A</td>
<td></td>
<td>Abel Simon - REHS</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.

Violation: None Noted

General Comments:

There was hot water noted in all the sinks of the facility.

The facility was observed to be well maintained and clean.

The restrooms were observed to be fully stocked.

Owner of this facility stated that a change of ownership would be taking place soon. Operator was made aware that a food vending permit application would need to be submitted to our office prior to new operator commencing operation. Please note that permits are non transferable.

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: ☐

Received By: [Signature]
Abel Simon - REHS
Agency Representative

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<tbody>
<tr>
<td>CLUB ARMONA</td>
<td>(559) 582-4603</td>
<td>PR0000276</td>
<td>February 27, 2018</td>
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<td>Luis Flores - REHS</td>
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The facility was observed in very good operational condition.

**Violations:**
None Noted

**General Comments:**

The facility was observed in very good operational condition.

**Results of Evaluation:**

- **Pass:** Yes
- **Needs Improvement:** No
- **Fail:** No

**Reinspection Required:** Yes

**Reinspection Date (on or after):** N/A

**Potential Food Safety All Star:**

- **Received By:** LARRY SARCO
- **Agency Representative:** Luis Flores - REHS