



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**

<b>FACILITY NAME:</b> RITE-AID #6475	<b>BUSINESS PHONE:</b> (717) 761-2633	<b>RECORD ID#:</b> PR0006640	<b>DATE:</b> July 27, 2021
<b>FACILITY SITE ADDRESS:</b> 820 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> THRIFTY PAYLESS INC	<b>CERTIFIED FOOD MANAGER:</b> Shaun P. Lamar	<b>EXP DATE:</b> 8/19/2025	<b>INSPECTOR:</b> Paven Bath

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:**

Temperature Control: Proper cold holding temperatures were measured.

Food Safety: All food items are stored at a minimum 6" off the floor. All food containers have proper covers and are properly labeled.

Personnel: Food Safety Manager Certification has been updated and noted to be active.

Handwashing Facilities: All handwashing sinks were maintain stocked and proper supply of hot water was available during the on-site inspection.

Sanitizing Solution: 200 PPM of QAT solution was measured in the three-compartment sink at the Thrifty's station.

Light and Ventilation: Adequate lighting and ventilation was noted to be upheld by this facility.

Restroom: Observed to be in good working order and well-maintained.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after):          N/A

Potential Food Safety All Star:

*Paven Bath*

Received By: \_\_\_\_\_

Agency Representative \_\_\_\_\_

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



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**OFFICIAL INSPECTION REPORT**

<b>FACILITY NAME:</b> RITE-AID #6475	<b>BUSINESS PHONE:</b> (717) 761-2633	<b>RECORD ID#:</b> PR0006640	<b>DATE:</b> March 26, 2020
<b>FACILITY SITE ADDRESS:</b> 820 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> PUBLIC INFORMATION/EDUCATIOI
<b>OWNER NAME:</b> THRIFTY PAYLESS INC	<b>Program Description:</b> 1107 - KINGS DPH COVID-19	<b>EXP DATE:</b> 10/15/2019	<b>INSPECTOR:</b> Susan Lee-Yang - 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 owner/operator during today's visit:

- The staff is aware of social distancing by requesting that customers keep apart a minimum of six feet from each other and staff.
- All work surfaces should be cleaned and sanitized with 100ppm chlorine or 200ppm QAC frequently to prevent contamination.
- 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 if you have further questions.

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

*Susan Lee-Yang - REHS*

Environmental Health Specialist

Received By: \_\_\_\_\_



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<b>FACILITY NAME:</b> RITE-AID #6475	<b>BUSINESS PHONE:</b> (717) 761-2633	<b>RECORD ID#:</b> PR0006640	<b>DATE:</b> June 14, 2019
<b>FACILITY SITE ADDRESS:</b> 820 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> THRIFTY PAYLESS INC	<b>CERTIFIED FOOD MANAGER:</b> Shaun P Lamar	<b>EXP DATE:</b> 10/15/2019	<b>INSPECTOR:</b> 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:

Restrooms and hand wash stations have hot and cold water, soap, and paper towels and/or air hand dryers.

All cold holding units were noted at or below 41F.


Observed food products stored off the ground.

QAC sanitizer in the 3-compartment sink was noted at 200 ppm.

Observed dipper wells turned on and operating.

Facility is in good operating condition.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>      N/A      </u> <input type="checkbox"/> Potential Food Safety All Star:

Received By: 

Susan Lee-Yang - REHS  
Agency Representative

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<b>FACILITY NAME:</b> RITE-AID #6475	<b>BUSINESS PHONE:</b> (717) 761-2633	<b>RECORD ID#:</b> PR0006640	<b>DATE:</b> June 22, 2018
<b>FACILITY SITE ADDRESS:</b> 820 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> THRIFTY PAYLESS INC	<b>CERTIFIED FOOD MANAGER:</b> Shaun P Lamar	<b>EXP DATE:</b> 10/15/2019	<b>INSPECTOR:</b> 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 hand wash sink was noted to be fully stocked.

All items were above the floor six inches.

General floor was observed to be well maintained.

Restrooms were observed to be fully stocked.

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:

*Abel Simon - REHS*

Received By: \_\_\_\_\_

Agency Representative \_\_\_\_\_

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