



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: CIVIC AUDITORIUM	BUSINESS PHONE: (559) 924-6767	RECORD ID#: PR0008906	DATE: December 04, 2019
FACILITY SITE ADDRESS: 435 C ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CITY OF LEMOORE	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The inside of the facility's ice machine had pink slime accumulated. Please empty the ice machine and wipe down the interior with bleach water.

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water.
The large reach-in cold holding unit measured at 30F.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Aaron D/DCR

Received By:

Veronica Ochoa -REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CIVIC AUDITORIUM	BUSINESS PHONE: (559) 924-6767	RECORD ID#: PR0008906	DATE: October 02, 2018
FACILITY SITE ADDRESS: 435 C ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CITY OF LEMOORE	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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Observed the paper towels the in the dispenser to be missing. Please be sure to have this dispenser stocked at all times.

General Comments:

Apart from the above noted item, the hand wash station was noted to have hot water and soap.
 The temperature of the cold holding unit noted to be at 38°F.
 The restroom was noted to be fully stocked.
 The kitchen was noted to be well maintained.
 Thank you.

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

Arson Oliver

Abel Simon - REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CIVIC AUDITORIUM	BUSINESS PHONE: (559) 924-6767	RECORD ID#: PR0008906	DATE: April 21, 2018
FACILITY SITE ADDRESS: 435 C ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CITY OF LEMOORE	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Vikram Manke

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 EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: Many houseflies were observed inside the facility. This department recommends that you install a UV fly trap unit/ air curtains to trap unit to eliminate houseflies.

Violation: INADEQUATE OR UNAPPROVED WATER SUPPLY [HSC 114192]

Description/Corrective Action: Facility did not have a hot water supply at beginning of the inspection. Hot water heater was fixed during inspection.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The ambient air temperature of the refrigerator was measured at 50 F. The temperature regulator was adjusted during inspection. The ambient air temperature in this unit must be maintained be at or below 41 F.

General Comments:

Hand wash station had soap and paper towels.
 Facility was observed in clean condition.

Please fix the above noted violations.

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

[Handwritten Signature]

Received By: _____

Vikram Manke

Agency Representative

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