



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/health/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE MINI MART	BUSINESS PHONE: (559) 924-9270	RECORD ID#: PR0000479	DATE: August 17, 2009
FACILITY SITE ADDRESS: 342 FOX ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GURMAKH SRAN/GURDEEP BRAR	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Veronica Santa Cruz

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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Restroom ventilation unit is currently not working. Please repair ventilation unit by next routine inspection.

General Comments:

Cold holding units measured at 38° F.
Restroom is equipped with soap, paper towels, and hot water.

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:

Tammy Allen

Received By: _____

Veronica Santa Cruz

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE MINI MART	BUSINESS PHONE: (559) 924-9270	RECORD ID#: PR0000479	DATE: August 06, 2008
FACILITY SITE ADDRESS: 342 FOX ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GURMAKH SRAN/GURDEEP BRAR	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE: 1/1/2003	INSPECTOR: Susan Lee-Yang

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

Description/Corrective Action: Observed soda nozzles with syrup build-up.

Please clean soda nozzles on regular basis to prevent syrup build-up.

General Comments:

Reach-in unit storing milk, cheese, and eggs were measured at 45° F.

All products were stored off the ground.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Susan Lee-Yang

Received By: _____

Environmental Health Specialist

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