



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

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD HANDLER, EXP DATE, INSPECTOR.

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: The facility's restroom was not stocked with paper towels and the toilet is need of cleaning.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The ice machine is in need of cleaning and so is the ice scoop's bucket. Please make sure to routinely clean the ice machine with a clean cloth and bleach water, then wipe dry. Clean the ice scoop as well as the bucket once a day by washing, rinsing, and sanitizing.

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

Description/Corrective Action: A burrito in the facility's hot holding unit measured at 126 degrees fahrenheit. The unit was adjusted during the inspection, so make sure all foods in the unit measure at or above 135 degrees fahrenheit.

General Comments:

The facility has remodeled to sell clothing and for the moment is not selling prepackaged sandwiches that are made at the facility. If the facility wishes to prepare sandwiches once again, the preparation must occur in the food prep area and the entire area must be thoroughly cleaned.

Please note that the facility's food handler manager's certification will be expiring in a few days and as a result, someone from the facility must take and pass the exam within 60 days. A copy of the certificate, once obtained, must be submitted to our department.

RESULTS OF EVALUATION: [ ] PASS [X] NEEDS IMPROVEMENT [ ] FAIL. Reinspection Required: Yes: [ ] No: [X]. Reinspection Date (on or after): N/A. [ ] Potential Food Safety All Star.

E-mailed to owner

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

Veronica Santa Cruz-REHS

Agency Representative

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



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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> OMAR'S FOOD MART	<b>BUSINESS PHONE:</b> (559) 924-5026	<b>RECORD ID#:</b> PR0000304	<b>DATE:</b> September 09, 2011
<b>FACILITY SITE ADDRESS:</b> 161 W D ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SANAD OMAR	<b>CERTIFIED FOOD HANDLER:</b> SANAD OMAR	<b>EXP DATE:</b> 12/21/2011	<b>INSPECTOR:</b> Veronica Santa Cruz-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:** The facility's two compartment sink was not stocked with paper towels during today's inspection. Please make sure all hand wash stations are stocked with soap, paper towels, and hot water.

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

**Description/Corrective Action:** Chicken tenders located in the facility's hot holding display case measured between 125-126° F. All hot potentially hazardous foods must measure at or above 135° F.

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

**Description/Corrective Action:** The display cold holding case located near the front register measured between 48-49° F. This unit, which stores pre-packaged sandwiches the facility makes, must measure at at or below 41° F.

**General Comments:**

Currently, the facility is undergoing remodeling to bring in merchandise that is nonfood related. Should the facility be remodeled to bring in new equipment or structural related construction take place for food related items, our department must be notified and plans must be submitted.

<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input checked="" 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> N/A <input type="checkbox"/> Potential Food Safety All Star:

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

*Veronica Santa Cruz-REHS*

Agency Representative

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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> OMAR'S FOOD MART	<b>BUSINESS PHONE:</b> (559) 924-5026	<b>RECORD ID#:</b> PR0000304	<b>DATE:</b> December 14, 2010
<b>FACILITY SITE ADDRESS:</b> 161 W D ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SANAD OMAR	<b>CERTIFIED FOOD HANDLER:</b> SANAD OMAR	<b>EXP DATE:</b> 12/21/2011	<b>INSPECTOR:</b> Veronica Santa Cruz-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 restroom's toilet is in need of cleaning. Please routinely clean the restroom.

**Violation:** UNNECESSARY ITEMS AND LITER (HSC 114257.1)

**Description/Corrective Action:** Please remove the nonfunctioning reach-in unit that is located near the ice machine. If there is not an intention to repair this unit, the please remove it immediately from the facility.

**General Comments:**

Hand wash station was stocked with soap, paper towels, and hot water.  
Cold holding units measured at or below 41°F.  
Burritos in the hot holding unit measured above 140°F. The facility is currently using an approved hot holding unit.

<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> N/A <input type="checkbox"/> Potential Food Safety All Star:

*Ben Evans*

Veronica Santa Cruz-REHS

Received By:

Agency Representative

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