### FOOD SAFETY EVALUATION REPORT

**FACILITY NAME:** QUICK-&EZ  
**BUSINESS PHONE:** (559) 924-1939  
**RECORD ID#:** PR006484  
**DATE:** September 06, 2022  
**FACILITY SITE ADDRESS:**  
150 E HANFORD/ARMONA RD  
**CITY:** LEMOORE  
**ZIP CODE:** 93245  
**OWNER NAME:** PALWINDER S SIDHU  
**CERTIFIED FOOD MANAGER:** Not Specified  
**EXP DATE:**  
**INSPECTOR:** SEMHAR GEBREGZIABIHE

<table>
<thead>
<tr>
<th>Owner Name</th>
<th>Business Phone</th>
<th>Recertification Date</th>
<th>Site Address</th>
<th>City</th>
<th>Zip Code</th>
<th>Inspection Type</th>
<th>Inspector</th>
</tr>
</thead>
<tbody>
<tr>
<td>PALWINDER S SIDHU</td>
<td>(559) 924-1939</td>
<td>September 06, 2022</td>
<td>150 E HANFORD/ARMONA RD</td>
<td>LEMOORE</td>
<td>93245</td>
<td>ROUTINE INSPECTION</td>
<td>SEMHAR GEBREGZIABIHE</td>
</tr>
</tbody>
</table>

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  
**Description/Corrective Action:** Observed syrup accumulation on the soda machine. Please clean this as soon as possible. Please clean and maintain this routinely.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES  
**Description/Corrective Action:** The hand washing station did not have soap. This was corrected on site.

**General Comments:**

Observations:

Hand washing station was in satisfactory condition. Please restock supplies when necessary.

Aisles were clean, well maintained, and food items were placed six inches above the ground.

All refrigeration units were functioning properly at 41F and below.

All freezer units were functioning properly at 0F and below.

Overall this facility is in satisfactory condition.

Please contact the department if you have any questions.

Thank you for your time.

<table>
<thead>
<tr>
<th>RESULTS OF EVALUATION:</th>
<th>PASS</th>
<th>NEEDS IMPROVEMENT</th>
<th>FAIL</th>
<th>Reinspection Required:</th>
<th>Yes: □</th>
<th>No: □</th>
<th>Reinspection Date (on or after):</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td><strong>X</strong> PASS</td>
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**Potential Food Safety All Star:**

**Reinspection Date:** N/A

**Received By:** SEMHAR GEBREGZIABIHE  
**Agency Representative:**

NOTE: This report must be made available to the public on request.
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<tr>
<td>QUICK-&amp;-EZ</td>
<td>(559) 924-1939</td>
<td>PR0006484</td>
<td>February 03, 2021</td>
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<tr>
<td>PALWINDER S SIDHU</td>
<td>Not Specified</td>
<td></td>
<td>Susan Lee-Yang - 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:

- The restroom hand wash station has hot and cold water, soap, and paper towels.
- Cold holding units were measured below 41F.
- Observed the facility clean and organized.
- Due to the COVID-19 pandemic, the California Department of Public Health recommends to discontinue the use of self-serve items (ie: soda dispensers) by the public.
- The report was reviewed with the operator.
- A copy of the unsigned report will be emailed to the operator. Please contact our office at 559-584-1411 if there are any questions.

RESULTS OF EVALUATION: 

- [X] PASS
- [ ] NEEDS IMPROVEMENT
- [ ] FAIL

Reinspection Required: [X] No: [ ]
Reinspection Date (on or after): [N/A]

Potential Food Safety All Star: [ ]

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<tr>
<td>QUICK-&amp;EZ</td>
<td>(559) 924-1939</td>
<td>PR0006484</td>
<td>April 10, 2019</td>
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<td>Veronica Ochoa -REHS</td>
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Violation: None Noted

General Comments:
Hand wash station in restroom was stocked with soap, paper towels, and hot water.
The walk-in refrigerator measured at 41F.
Facility was observed well maintained; however, please make sure to clean the restrooms' toilet routinely.

RESULTS OF EVALUATION:
- PASS
- NEEDS IMPROVEMENT
- FAIL

Reinspection Required: Yes: No: X
Reinspection Date (on or after): N/A
Potential Food Safety All Star: No

Received By: [Signature]

Veronica Ochoa -REHS
Agency Representative

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