



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: LEMOORE CROSSINGS LLC	BUSINESS PHONE: (714) 325-7056	RECORD ID#: PR0006852	DATE: September 28, 2022
FACILITY SITE ADDRESS: 1225 SIERRA CIR	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AMAR MOWJI	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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Please obtain paper towels for the paper towel dispensers in the restrooms.

General Comments:

Facility was equipped with hot water.
The facility is currently only selling prepackaged food items.
Cold holding units storing potentially hazardous foods measured at 29F or below.

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:
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Received By: _____

Veronica Ochoa -REHS

Agency Representative

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



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RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Veronica Ochoa -REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE CROSSINGS	BUSINESS PHONE: (714) 325-7056	RECORD ID#: PR0006852	DATE: January 06, 2022
FACILITY SITE ADDRESS: 1225 SIERRA CIR	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AMAR MOWJI	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Luis Flores - 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:

All perishable refrigerated food products were observed to be held at below 41 F which meets the State Food Code requirement.

The facility does not participate in hot food preparation.

The general store area, back storage areas, and walk-in box cooler were all observed in good operational condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Luis Flores - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE CROSSINGS	BUSINESS PHONE: (714) 325-7056	RECORD ID#: PR0006852	DATE: January 28, 2021
FACILITY SITE ADDRESS: 1225 SIERRA CIR	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: AMAR MOWJI	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Paven Batth

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: All cold holding units were measured at or below 41F. Hot holding units were measured at or above 135F.

Hand Wash Station & Restroom: Fully stock with soap, paper towels and hot water.

General Sales: Retail area was fairly well organized.

Other Comments: In response to the COVID-19 pandemic, please implement the State (CDPH) guidelines (i.e., maintain a physical distance of 6 feet between individuals, use EPA-approved disinfectants, etc.) with your business. In order to help mitigate the spread of COVID-19 (i.e., increase the risk of exposure), a signature was not obtained. The inspection report will be emailed to the facility's point of contact.

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

No signature required due to COVID-19

Received By: _____

Paven Batth

 Agency Representative

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