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.

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: X PASS □ NEEDS IMPROVEMENT □ FAIL

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

Received By: [Signature]

Veronica Ochoa -REHS
Agency Representative

NOTE: This report must be made available to the public on request
### FOOD SAFETY EVALUATION REPORT

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[HSC 114250 & 114276]  
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**General Comments:**

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<th>RESULTS OF EVALUATION:</th>
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</thead>
<tbody>
<tr>
<td>Reinspection Required:</td>
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<tr>
<td>Reinspection Date (on or after):</td>
<td>N/A</td>
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</tr>
</tbody>
</table>

| Potential Food Safety All Star: | Yes: | No: | |

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Received By:  

Veronica Ochoa -REHS  
Agency Representative

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<tr>
<td>Inspectors:</td>
<td>Luis Flores - REHS</td>
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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: X

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.

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

RESULTS OF EVALUATION: 
PASS 
NEEDS IMPROVEMENT 
FAIL

Potential Food Safety All Star: 

No Signature due to COVID-19

Received By:
Paven Batth
Agency Representative

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