



Retail Market Permit Inspection Report

Kings County Department of Public Health
 Environmental Health Services
 330 Campus Dr. Hanford CA 93230
 Phone - 559-584-1411 Fax - 559-584-6040
 Internet - www.countyofkings.com/health/ehs

INSPECTION REPORT

FOOD VENDING PERMIT - RM3 (2001-5000)

Facility Name		Facility Address		City/State	Zip Code
LEMOORE MOBIL		286 N LEMOORE AVE		LEMOORE, CA	93245
Owner/Operator		Facility Phone No.	Inspection ID	Inspection Result	
FOENG YAM		5599259888	24177	Pass	
Inspector Name	Inspection Date	Purpose of Inspection		Permit License	Expiration Date
Yatee Patel	11/6/2023	Routine Inspection		PR0008493	6/1/2024

An inspection of your facility revealed the following violations of the California Health and Safety Code and/or California Code of Regulations. A reinspection may occur at any time to verify correction of these violations. Please note the date of correction as listed per violation.

NVO = No Violation Observed OUT = Out of Compliance N/A = Not Applicable COS = Corrected On Site UD = UD

Violation Status	Violation Code	Violation Summary	Observation
FDA Food Code 2017			
<input type="checkbox"/> -Select- <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	9 - PREVENTING CONTAMINATION BY HANDS - No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	Observed employee with nail polish and cutting vegetables without gloves on. This practice needs to stop immediately. Wear gloves while prepping food and have no nail polish since it can cause food contamination.	

Overall Inspection Comment:

The foods are cooked in small batches.

Be sure the temperatures is always at 135F or above in the hot holding unit. Thermometer available, please use it frequently.

Hand washing station was observed fully stocked.

Cold holding units were at 41F.

Bleach is available for the 3 compartment sink.

Ice machine and scoop observed well kept.

Thank you

ATTENTION: There are a total of 1 item(s) marked above in violation. Total Major violations are 0.



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Signatures

Received By:

Inspected By:

Inspector Name: **Yatee Patel**

Title: **Environmental Health Officer IV**

Date: **11/6/2023**

Phone: **(559) 584-1411**

Email: **Yatee.Patel@co.kings.ca.us**



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE MOBIL	BUSINESS PHONE: (559) 904-2199	RECORD ID#: PR0008493	DATE: December 20, 2022
FACILITY SITE ADDRESS: 286 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: FOENG YAM	CERTIFIED FOOD MANAGER: FOENG YAM	EXP DATE: 5/1/2023	INSPECTOR: SEM HAR GEBREGZIABIHE

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 purpose of this inspection is to verify compliance from the previous inspection on 10/26/2022. The inspection revealed the following:

-No pests were observed during today's inspections. Pest control reports were reviewed, the operator Foeng Yam stated he has scheduled pest control services for every month of 2023.

-The three compartment sink and food prep were observed to not have food thawing. Please continue to following the appropriate food thawing process.

-The three compartment sink and its back splash was observed clean and free of dust, food, grease, and liquid debris, etc.

-The ice machine was observed to to be clean and free from mildew accumulation.

-The hood was observed to be clean and free of grease accumulation.

- The cabinets below the slushy machine was observed clean.

Thank you for abating these issues in a timely manner. Please contact the department should you have any questions.

Thank you for your time.

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



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

Received By: _____

Agency Representative

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