Retail Market Permit Inspection Report

Kings County Department of Public Health
Environmental Health Services
460 Kings County Dr., Suite 101 & 102 Hanford CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - https://www.kcdph.com/ehs

INSPECTION REPORT

FOOD VENDING PERMIT - RM2 (501-2000)

Facility Name	Facility Address	City/State	Zip Code
OMAR MINI MART - RETAIL	**161 W D ST**	**LEMOORE, CA**	**93245**

Owner/Operator	Facility Phone No.	Inspection ID	Inspection Result
H A INVESTMENT LLC	**5595449999**	**67136**	**Pass**

Inspector Name	Inspection Date	Purpose of Inspection	Permit License	Expiration Date
Evelyn Elizalde	**7/17/2025**	**Routine Inspection**	**PR0000304**	**12/1/2025**

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			
☐ -Select- ☐ IN ☑ OUT ☐ N/A	56 - PHYSICAL FACILITIES - Adequate ventilation and lighting, designated areas used	Observed inadequate lighting in the walk in refrigeration unit. Please provide additional light bulbs and ensure a protective cover is available as well.	

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Overall Inspection Comment:

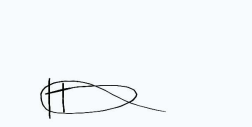
The following was observed during the routine inspection:

The ware washing sink had hot water above 120 F.
The ice machine was clean and free of debris.
The walk in refrigeration unit was below 41 F.
Food was stored 6 inches above ground level.

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

Signatures

Received By:



Inspected By:

Inspector Name: **Evelyn Elizalde**

Title: **Environmental Health Officer III**

Date: **7/17/2025**

Email: **Evelyn.Elizalde@co.kings.ca.us**
Phone: **(559) 584-1411**

CERTIFICATION OF RETURN TO COMPLIANCE

I certify that the violations noted above on this report have been corrected. I have personally examined any documentation attached to the certification to establish that the violations have been corrected.

Signature:_____ Title:_____ Date:_____