FOOD SAFETY EVALUATION REPORT

FACILITY NAME: OMAR'S FOOD MART
BUSINESS PHONE: (559) 924-5026
RECORD ID#: PR0000304
DATE: July 08, 2021

FACILITY SITE ADDRESS: 161 W D ST
CITY: LE MOORE
ZIP CODE: 93245
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: SANAD OMAR
CERTIFIED FOOD MANAGER: SANAD OMAR
EXP DATE: 9/12/2022
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.

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Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]
Description/Corrective Action: A few mice droppings were observed in two different self-service counter cupboards. Employee interviewed reported that the facility previously had mice issues within the store but was no longer a problem as traps were utilized for elimination. The employee was directed to clean out the droppings and disinfect the exposed areas. The employee began cleaning the cupboards not long after notification.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]
Description/Corrective Action: A broken beer bottle is present along the backside of the Budweiser display rack shelving within the walk-in box cooler. Clean up the broken glass immediately.

Violation: NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES
Description/Corrective Action: The food prep employee present, Blanca Nieto, did not have a copy of her food handler certification. Ms. Nieto claimed her CFH does not expire until September 2021. However, no proof of current certification was present for validation. Either a current copy of the certification needs to be made available for review or the employee must register for a new training session. Provide proof of the certification within 7 days of today's date.

General Comments:
All monitored cold food temperatures met State Food Code temperature holding requirements. The general food display areas were in good serviceable condition.

RESULTS OF EVALUATION: ☒ PASS ☒ NEEDS IMPROVEMENT ☒ FAIL

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

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

Owner Name: OMAR'S FOOD MART
Facility Site Address: 161 W D ST
Sanad Omar

Certified Food Manager: SANAD OMAR
Business Phone: (559) 924-5026

City: Lemoore
Zip Code: 93245
Exp Date: 9/12/2022

Record ID#: PR0000304
Date: July 23, 2020

Inspector: Paven Batth
Inspection Type: Routine Inspection

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 Maintenance of Facility or Equipment [HSC 114161-114182 & 114257]
Description/Corrective Action: The following areas were observed to be cluttered:
- Walk-in cooler
- Back storage room
- Restroom
- Cabinets underneath the soft drink dispenser

Clean and organize in order to allow passageway access.

Violation: Foods & Equipment Not Protected from Contamination [HSC 113980, 114025-114027]
Description/Corrective Action: Observed canned energy drink cases (Monster Energy and Bang Energy) stored directly on the floor inside the restroom. Food needs to be stored in appropriate shelving at least 6 inches above the floor. Operator claimed those canned energy drink cases were going to be discarded and they were not for sale. Operator was advised to keep the restroom clutter-free and dispose of such products in a proper manner.

Violation: Restroom Facilities Not Maintained [HSC 114250 & 114276]
Description/Corrective Action: No paper towels were observed in the restroom. Ensure the restroom is maintained stocked (soap and paper towels) and a proper supply of hot water is available. The restroom is also in need of a cleaning. Clean the restroom on a routine basis.

Violation: Improper Cleaning of Utensils and Equipment [HSC 114095-114099.5 & 114101-114119]
Description/Corrective Action: Remove the accumulated residue on the interior and exterior panel of the ice machine. Clean and sanitize such equipment on a frequent basis.

General Comments:
Temperature Controls: All cold holding units were measured below 41F.

Other Comments: In response to the COVID-19 pandemic, please implement the Kings County and State (CDPH) guidelines (i.e., maintain a "social distance" of 6 feet between individuals, use EPA-approved disinfectants, etc.) with your business.

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FOOD SAFETY EVALUATION REPORT

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<tr>
<td>OMAR'S FOOD MART</td>
<td>(559) 924-5026</td>
<td>PR0000304</td>
<td>July 23, 2020</td>
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<tr>
<td>SANAD OMAR</td>
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<td>9/12/2022</td>
<td>Paven Batth</td>
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RESULTS OF EVALUATION:  
☐ PASS  ☒ NEEDS IMPROVEMENT  ☐ FAIL

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

Received By:  

Paven Batth  
Agency Representative

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

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<td>PUBLIC INFORMATION/EDUCATION</td>
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<tr>
<td>SANAD OMAR</td>
<td>1107 - KINGS DPH COVID-19</td>
<td>9/12/2022</td>
<td>Veronica Ochoa -REHS</td>
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</tbody>
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The items (if any) listed below identify the Health Code 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 following were discussed with the operator/owner during today's visit:

1. The staff is aware of social distancing by requesting that customers keep apart a minimum of six feet from each other and staff.

2. All work surfaces should be cleaned and sanitized with 100 ppm chlorine or 200 ppm QAC frequently to prevent contamination.

3. Under no circumstances are employees who feel sick or are sick with respiratory (i.e. fever, coughing or sneezing) or gastrointestinal (i.e. vomiting or diarrhea) symptoms are allowed to work in the facility.

Please contact our department should you have further questions.

Reinspection Required: Yes: No: X  Reinspection Date (on or after): Not Specified

Veronica Ochoa -REHS

Environmental Health Specialist