FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEMOORE CHRISTIAN AID</td>
<td>(559) 924-2229</td>
<td>PR0000396</td>
<td>April 22, 2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>224 N LEMOORE AVE</td>
<td>LEMOORE</td>
<td>93245</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEMOORE CHRISTIAN AID</td>
<td>Not Specified</td>
<td></td>
<td>Susan Lee-Yang - REHS</td>
</tr>
</tbody>
</table>

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 cold holding units were measured below 41F.
- Observed food products stored off the ground.
- Facility is clean and organized.
- Refrigerators and freezers are monitored and documented.
- Facility is in good operating condition.

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: □

Susan Lee-Yang - REHS
Agency Representative

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

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<tr>
<td>RECORD ID#:</td>
<td>PR0000396</td>
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<tr>
<td>DATE:</td>
<td>June 26, 2019</td>
</tr>
<tr>
<td>FACILITY SITE ADDRESS:</td>
<td>224 N LEMOORE AVE</td>
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<td>INSPECTOR:</td>
<td>Susan Lee-Yang - REHS</td>
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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:

- Restroom has hot water, soap, and paper towels.
- All cold holding units were noted below 41F.
- Observed all food products stored off the ground.
- All nonperishable food items are organized.
- Facility is in good operating 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: [Signature]

Susan Lee-Yang - REHS

Agency Representative

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

FACILITY NAME: LEMOORE CHRISTIAN AID
BUSINESS PHONE: (559) 924-2229
RECORD ID#: PR0000396
DATE: June 04, 2018

FACILITY SITE ADDRESS: 224 N LEMOORE AVE
CITY: LEMOORE
ZIP CODE: 93245
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: LEMOORE CHRISTIAN AID
CERTIFIED FOOD MANAGER: Not Specified
EXP DATE: 
INSPECTOR: Abel Simon - 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:

The temperature of the cold holding units was noted to be below 41°F.

General storage of the dry foods was noted to be above the floor six inches.

The items in the back storage were noted to be well maintained.

The temperature log was noted to be current.

Thank you.

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: 

Abel Simon - REHS
Agency Representative

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