FOOD SAFETY EVALUATION REPORT

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 HOT HOLDING TEMPERATURE(S)  
**Description/Corrective Action:** Several food items on the facility's steam table measured between 84-104°F. The food temperatures were increased by the person in charge during the inspection but it is imperative that the facility monitor the temperatures of the food items on the steam table. Should the steam table not be functioning properly, please make sure to have the unit repaired and/or replaced.

**Violation:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION  
**Description/Corrective Action:** In the facility's walk-in refrigerator that stores the facility's potentially hazardous foods, certain raw meat items were observed uncovered and whole produce was also observed being stored underneath the raw meat. Please ensure all food items are properly covered and that ready to eat food items are stored above raw meat.

In the facility's beer storage walk-in, candy was observed being directly on the ground. Please ensure food items are stored at least six inches off the floor.

The facility's ice scoop was observed being stored on one of the facility's shelves in the back area. Please obtain a clean bucket or container that can be utilized to store the ice scoop.

The facility's soda fountain machine needs to have the syrup build-up removed and the floor sink that sits below the soda fountain must be cleaned.

**Violation:** OTHER PERMIT VIOLATION  
**Description/Corrective Action:** The facility recently began making beef jerky which is a process of drying meat and requires a permit/registration with CDFA. Please discontinue making beef jerky until the proper permits and/or registration has been obtain from CDFA.

**Violation:** IMPROPER LABELING OF PREPACKAGED FOODS  
**Description/Corrective Action:** Please make sure provide a business card from where the pan dulce is obtained is placed on the facility's display case.

**General Comments:**

Hand wash stations were stocked with soap, paper towels, and hot water.

Cold holding units measured at or below 41°F.

Please ensure the above noted violations are corrected in a timely manner.
# 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>SUPER MERCADO LEON</td>
<td>(559) 924-2966</td>
<td>PR0006607</td>
<td>January 27, 2022</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>250 W D ST</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>JOSE LUIS LEON</td>
<td>JAIRO LEON</td>
<td>5/18/2023</td>
<td>Veronica Ochoa -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.

## RESULTS OF EVALUATION:

- [ ] PASS
- [x] NEEDS IMPROVEMENT
- [ ] FAIL

Reinspection Required: [x] Yes: [ ] No: [x]

Reinspection Date (on or after): N/A

Potential Food Safety All Star: [ ]

Veronica Ochoa - REHS

Agency Representative

Received By:

---

NOTE: This report must be made available to the public on request
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>SUPER MERCADO LEON</td>
<td>(559) 924-2966</td>
<td>PR0006607</td>
<td>June 11, 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>250 W D ST</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>JOSE LUIS LEON</td>
<td>JOSE LUIS LEON</td>
<td>4/28/2020</td>
<td>Veronica Ochoa -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:** NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF  
**[HSC 113947-113947.6]**  
**Description/Corrective Action:** The facility's certified food manager certification has expired. Please obtain a certified food manager certification within the next 60 days and provide proof to our department.

**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT  
**[HSC 114161-114182 & 114257]**  
**Description/Corrective Action:** Currently the facility sells bread that is made and delivered from a facility in Huron, CA. The facility's business card where the bread is made must be displayed on the facility's bread display case.

**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT  
**[HSC 114161-114182 & 114257]**  
**Description/Corrective Action:** The inside lip of the ice machine once again had build-up accumulated. Please remove some of the ice from the ice machine and wipe the inside lip with a bleach water towel.

**Violation:** IMPROPER HOT HOLDING TEMPERATURE(S)  
**[HSC 113996]**  
**Description/Corrective Action:** Some of the food items on the steam table did not measure at or above 135F. Some of the food items measured between 118-123F. Please make sure to monitor the food items on the steam table.

**General Comments:**

Hand wash station was stocked with soap, paper towels, and hot water. Cold holding units measured at or below 41F.

**RESULTS OF EVALUATION:**  
<table>
<thead>
<tr>
<th>PASS</th>
<th>NEEDS IMPROVEMENT</th>
<th>FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reinspection Required:**  
Yes:  
No:  

**Reinspection Date (on or after):** N/A

**Potential Food Safety All Star:**

**Received By:**

**Veronica Ochoa -REHS**  
Agency Representative

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

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPER MERCADO LEON</td>
<td>(559) 924-2966</td>
<td>PR0006607</td>
<td>March 26, 2020</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>250 W D ST</td>
<td>LEMOORE</td>
<td>93245</td>
<td>PUBLIC INFORMATION/EDUCATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>Program Description:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
</table>

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 owner during today's visit:

- The facility has made their dining completely inaccessible to customers.
- At this time all food sales are for DELIVERY or TAKE-OUT/PICK-UP ONLY.
- The staff is aware of social distancing by requesting that customers keep apart a minimum of six feet from each other and staff.
- Staff is practicing safe food handling procedures, monitoring hot & cold holding temperatures, and washing hands.
- All work surfaces should be cleaned and sanitized with 100ppm chlorine or 200ppm QAC frequently to prevent contamination.
- 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 if you have further questions.

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

_________________________________________________________
Susan Lee-Yang - REHS
Environmental Health Specialist

Received By: