FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>EXPRESS MART VALERO</th>
<th>BUSINESS PHONE:</th>
<th>(559) 924-0320</th>
<th>RECORD ID#:</th>
<th>PR0009067</th>
<th>DATE:</th>
<th>April 07, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACILITY SITE ADDRESS:</td>
<td>110 W D ST</td>
<td>CITY:</td>
<td>LEMOORE</td>
<td>ZIP CODE:</td>
<td>93245</td>
<td>INSPECTION TYPE:</td>
<td>ROUTINE INSPECTION</td>
</tr>
<tr>
<td>OWNER NAME:</td>
<td>SHIRDHI INC</td>
<td>CERTIFIED FOOD MANAGER:</td>
<td>Not Specified</td>
<td>EXP DATE:</td>
<td></td>
<td>INSPECTOR:</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: None Noted

General Comments:

The restroom was equipped with hot water, soap, and paper towels. This facility does not serve hot food and only sells prepackaged food. Cold holding units measured at 40F. Please make sure to only utilize the three compartment sink for the washing of the soda nozzles etc. and to utilize the mop sink for all mop water.

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

RESULTS OF EVALUATION: ☑ PASS ☐ NEEDS IMPROVEMENT ☐ FAIL

Potential Food Safety All Star: ☐

Received By: [Signature]

Veronica Ochoa -REHS
Agency Representative
**FOOD SAFETY EVALUATION REPORT**

**FACILITY NAME:** EXPRESS MART VALERO  
**BUSINESS PHONE:** (559) 924-0320  
**RECORD ID#:** PR0009067  
**DATE:** April 26, 2021  

**FACILITY SITE ADDRESS:**  
110 W D ST  
**CITY:** LEMOORE  
**ZIP CODE:** 93245  
**INSPECTION TYPE:** ROUTINE INSPECTION

**OWNER NAME:** SHIRDHI INC  
**CERTIFIED FOOD MANAGER:** Not Specified  
**EXP DATE:**  

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

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**Violation:** None Noted

**General Comments:**

All refrigerated foods were being held well below 41 F.  
The facility does not prepare hot foods for sale.  
The general retail area, walk-in box cooler, and the restroom were all observed to be very well maintained.

Excellent.

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**RESULTS OF EVALUATION:**  
☑ PASS  
☐ NEEDS IMPROVEMENT  
☐ FAIL  

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**Potential Food Safety All Star:**

*No signature obtained due to COVID-19*

**Received By:**

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**Luis Flores - 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: EXPRESS MART VALERO
BUSINESS PHONE: (559) 924-0320
RECORD ID#: PR0009067
DATE: April 13, 2020

FACILITY SITE ADDRESS: 110 W D ST
CITY: LEMOORE
ZIP CODE: 93245
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: SHIRDHI INC
CERTIFIED FOOD MANAGER: Not Specified
EXP DATE: 
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.

Violation: None Noted

General Comments:
The monitored temperature of the walk-in box cooler was holding at 45 F. The unit temperature was satisfactory as no perishable foods requiring a temperature of 41 F or below were stored in the unit. The convenience store does not provide any hot foods for sale.

The facility was observed very well maintained and operated.

RESULTS OF EVALUATION: X PASS

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

Potential Food Safety All Star:

Received By: Luis Flores - REHS
Agency Representative

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