



County of Kings - Department of Public Health

Environmental Health Services Division

330 Campus Drive Hanford, CA 93230

Phone - 559-584-1411 Fax - 559-584-6040

Internet - www.countyofkings.com/ehs

FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> LEMOORE CROSSINGS	<b>BUSINESS PHONE:</b> (559) 924-1830	<b>RECORD ID#:</b> PR0006852	<b>DATE:</b> June 06, 2016
<b>FACILITY SITE ADDRESS:</b> 1225 SIERRA CIR	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AMAR MOWJI	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed a mop bucket inside the prep sink. This was removed during the inspection.  
Please make sure to use the janitorial sink for the mop.

**General Comments:**

The hand wash station was noted to be fully stocked.

All cold holding units were observed to be holding their temperatures below 41°F.

The temperature of the taquitos and hot dogs were observed to be above 135°F.

The restrooms were observed to be fully stocked.

General floor sales are was well maintained.

Thank you.

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

**Reinspection Required:** Yes:  No:

**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



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<b>FACILITY NAME:</b> LEMOORE CROSSINGS	<b>BUSINESS PHONE:</b> (559) 924-1830	<b>RECORD ID#:</b> PR0006852	<b>DATE:</b> December 16, 2015
<b>FACILITY SITE ADDRESS:</b> 1225 SIERRA CIR	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AMAR MOWJI	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> ABEL SIMON

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 temperatures were noted to be below 41°F.

Temperature of the hot dogs and fried foods in hot holding rotating rack were noted to be above 135°F.

All dry storage foods were noted to be above the floor six inches.

Hand wash stations were fully stocked.

Restrooms were observed to be fully stocked.

Thank you.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

ABEL SIMON

Agency Representative

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<b>FACILITY NAME:</b> LEMOORE CROSSINGS	<b>BUSINESS PHONE:</b> (559) 924-1830	<b>RECORD ID#:</b> PR0006852	<b>DATE:</b> January 28, 2015
<b>FACILITY SITE ADDRESS:</b> 1225 SIERRA CIR	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AMAR MOWJI	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Paper towels in both restrooms were not being stored in their holders. Place towels in holders at all times.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** No hot water was detectable at the men's restroom handwash after allowing it to flow for an extended time period. Have this checked and corrected ASAP.

**General Comments:**

All monitored hot and cold food temperatures were satisfactory.  
Overall, the facility was observed in very good operational condition.

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

**Reinspection Required:** Yes:  No:

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

Potential Food Safety All Star:

Luis Flores - REHS

Received By:

Agency Representative

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