

| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>FOOD AND DRUG ADMINISTRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                        |  |
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| <small>DISTRICT ADDRESS AND PHONE NUMBER</small><br>19701 Fairchild<br>Irvine, CA 92612-2445<br>(949) 608-2900 Fax: (949) 608-4417                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <small>DATE(S) OF INSPECTION</small><br>8/12/2025-9/8/2025*<br><br><small>FEI NUMBER</small><br>3004418300                                                                                                                                                                                                                             |  |
| <small>NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED</small><br>Jonathan B. Redwood, Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                        |  |
| <small>FIRM NAME</small><br>Juicer Connections, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <small>STREET ADDRESS</small><br>1920 McGarry St                                                                                                                                                                                                                                                                                       |  |
| <small>CITY, STATE, ZIP CODE, COUNTRY</small><br>Vernon, CA 90058-1030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <small>TYPE ESTABLISHMENT INSPECTED</small><br>Juice Manufacturer                                                                                                                                                                                                                                                                      |  |
| <p>This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                        |  |
| <p><b>DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:</b></p> <p><b>OBSERVATION 1</b></p> <p>Your HACCP plan does not include control measures that will consistently produce a 5 log reduction in the most resistant microorganism of public health significance that is likely to occur in the juice, for a period at least as long as the shelf life of the product.</p> <p>Specifically,</p> <p>Your (b) (4) entitled "(b) (4)" and dated 11/27/24 does not ensure a 5 log reduction in the pertinent microorganism for all juice products that you manufacture, throughout their shelf life.</p> <p>1.) The following products are not included in the validation study: Detoxifier, Tropical Blend Juice, Aloe Vera Juice, Turmeric Juice, Peach Juice, Raspberry Lemonade, Strawberry Juice, Watermelon Beet Mint, Pear Juice, Prickly Pear Juice, Lychee Juice, Apple Cloudy, Celery Juice, Kale Juice, Spinach Juice, Kale Spinach Apple, Carrot Ginger, Carrot Beet Ginger, Carrot Apple Beet Orange, Citrus Pomegranate, Calamansi, Meyer Lemon Juice, Key Lime Juice, Lemonade Ginger Turmeric Mango, Mango Go Go Smoothie, and Strawberry Orange Mango Ginger Juice.</p> <p>2.) The validation study does not address all pertinent microorganisms for products included, such as Hepatitis A Virus and Norovirus for Strawberry Lemonade and Strawberry Smoothie.</p> <p>3.) The validation study did not assess pathogen recovery or growth under normal and moderate abuse conditions over product shelf life.</p> |  |                                                                                                                                                                                                                                                                                                                                        |  |
| <b>SEE REVERSE OF THIS PAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <small>EMPLOYEE(S) SIGNATURE</small><br>Greg K Keshishyan, Investigator<br>Ashley S Ertzman, Investigator<br><br><div style="text-align: right;"> <small>Greg K Keshishyan<br/>Investigator<br/>Signed By: Greg K. Keshishyan -S<br/>Date Signed: 09-08-2025<br/>08:56:20</small><br/>           _____<br/>           X         </div> |  |
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| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>FOOD AND DRUG ADMINISTRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                           |                                                                                                                                                                                                                                                                   |
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| <small>NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED</small><br>Jonathan B. Redwood, Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                           |                                                                                                                                                                                                                                                                   |
| <small>FIRM NAME</small><br>Juicer Connections, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                   | <small>STREET ADDRESS</small><br>1920 McGarry St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                           |                                                                                                                                                                                                                                                                   |
| <small>CITY, STATE, ZIP CODE, COUNTRY</small><br>Vernon, CA 90058-1030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                   | <small>TYPE ESTABLISHMENT INSPECTED</small><br>Juice Manufacturer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                           |                                                                                                                                                                                                                                                                   |
| <p>4.) The validation study was conducted on (b) (4) lot of each product included and did not utilize (b) (4) (b) (4) replications (b) (4) lots.</p> <p>This is a repeat observation from the previous inspections conducted in March 2024 (written observation), October-November 2022 (written observation), and June 2019 (written observation).</p> <hr/> <p><b>OBSERVATION 2</b></p> <p>You are not monitoring the sanitation conditions and practices with sufficient frequency to assure conformance with current good manufacturing practice including safety of water that comes into contact with food or food contact surfaces, including water used to manufacture ice, condition and cleanliness of food contact surfaces, prevention of cross-contamination from insanitary objects and exclusion of pests.</p> <p>Specifically,</p> <p>1.) Apparent rust and missing pieces of metal were observed on the blade of your (b) (4) blender. In addition, apparent black grime was observed to be embedded around the inside rim of the blender lid. This blender was used in production of Cucumber Juice, lot (b) (4) .</p> <p>2.) Cutting boards were observed to be heavily nicked, with two boards exhibiting black stains. Workers were observed chopping cucumbers on these cutting boards on 8/12/25 and 8/13/25.</p> <p>3.) One cockroach-like insect was observed scurrying out from underneath a pallet holding cases of cucumbers on 8/12/25. One live cockroach was observed on crates being used to hold (b) (4) of cucumber juice during (b) (4) on 8/13/25. One live cockroach was observed by the door leading from your break area to the production room on 8/13/25. One dead cockroach was observed by the door leading from the hallway to the production room on both 8/13/25 and 8/20/25. And one live cockroach was observed in your office area near (b) (4) on 8/28/25.</p> |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                           |                                                                                                                                                                                                                                                                   |
| <b>SEE REVERSE OF THIS PAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                   | <table border="0" style="width: 100%;"> <tr> <td style="width: 60%; vertical-align: top;"> <small>EMPLOYEE(S) SIGNATURE</small><br/>           Greg K Keshishyan, Investigator<br/>           Ashley S Ertzman, Investigator         </td> <td style="width: 40%; vertical-align: top; text-align: center;"> <small>DATE ISSUED</small><br/>           9/8/2025<br/><br/> <small>Greg K Keshishyan<br/>Investigator<br/>Signed By: Greg K. Keshishyan -S<br/>Date Signed: 09-08-2025<br/>08:56:20</small><br/> <div style="border-top: 1px solid black; width: 100px; margin: 0 auto;"></div>           X         </td> </tr> </table> |  | <small>EMPLOYEE(S) SIGNATURE</small><br>Greg K Keshishyan, Investigator<br>Ashley S Ertzman, Investigator | <small>DATE ISSUED</small><br>9/8/2025<br><br><small>Greg K Keshishyan<br/>Investigator<br/>Signed By: Greg K. Keshishyan -S<br/>Date Signed: 09-08-2025<br/>08:56:20</small><br><div style="border-top: 1px solid black; width: 100px; margin: 0 auto;"></div> X |
| <small>EMPLOYEE(S) SIGNATURE</small><br>Greg K Keshishyan, Investigator<br>Ashley S Ertzman, Investigator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <small>DATE ISSUED</small><br>9/8/2025<br><br><small>Greg K Keshishyan<br/>Investigator<br/>Signed By: Greg K. Keshishyan -S<br/>Date Signed: 09-08-2025<br/>08:56:20</small><br><div style="border-top: 1px solid black; width: 100px; margin: 0 auto;"></div> X |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                           |                                                                                                                                                                                                                                                                   |

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION**

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|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DISTRICT ADDRESS AND PHONE NUMBER<br>19701 Fairchild<br>Irvine, CA 92612-2445<br>(949) 608-2900 Fax: (949) 608-4417 | DATE(S) OF INSPECTION<br>8/12/2025-9/8/2025*<br><br>FEI NUMBER<br>3004418300 |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED  
Jonathan B. Redwood, Secretary

|                                                         |                                                    |
|---------------------------------------------------------|----------------------------------------------------|
| FIRM NAME<br>Juicer Connections, Inc.                   | STREET ADDRESS<br>1920 McGarry St                  |
| CITY, STATE, ZIP CODE, COUNTRY<br>Vernon, CA 90058-1030 | TYPE ESTABLISHMENT INSPECTED<br>Juice Manufacturer |

4.) Approximate 1/2" gaps were observed in the corners of your (b) (4) door. Your (b) (4) (b) (4) service reports document mouse activity in (b) (4) situated by this door, on 6/12/25 and 7/30/25 and in (b) (4) situated at the door leading from your break area to the production room, on 6/12/25, 6/26/25 and 7/30/25.

5.) One apparent house fly was observed in the production area and on (b) (4) of tangerine concentrate during operations on 8/12/25. At least two fruit fly-like insects were observed on the (b) (4) machine on 8/12/25.

6.) The head of a (b) (4) hose was observed contacting the floor. The (b) (4) hose was used to fill water that was utilized in preparation of your (b) (4) Treatment solution applied to whole cucumbers on 8/12/25. The hose head was also observed to be submerged in a bucket of water without an apparent backflow prevention device in place.

7.) On 8/12/25, the head of a (b) (4) hose used for rinsing the (b) (4) machine was observed contacting the floor. A worker was also observed dragging the hose across the floor and resting it on the (b) (4) machine during cleaning. The (b) (4) was subsequently used to produce Cucumber Juice, lot (b) (4).

8.) On 8/12/25, the head of a hose used for rinsing cucumbers was observed to be submerged in the (b) (4) Treatment solution in the (b) (4) tank without an apparent backflow prevention device in place.

This is a repeat observation from the previous inspections conducted in March 2024 (discussion item), October-November 2022 (written observation), and June 2019 (written observation).

**OBSERVATION 3**

Your review of critical control point monitoring records does not ensure that the records are complete.

Specifically,

|                                     |                                                                                            |                                                                                                                                                                                        |                         |
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| <b>SEE REVERSE<br/>OF THIS PAGE</b> | EMPLOYEE(S) SIGNATURE<br>Greg K Keshishyan, Investigator<br>Ashley S Ertzman, Investigator | <div align="right"> <small>Greg K Keshishyan<br/>Investigator<br/>Signed By: Greg K. Keshishyan -S<br/>Date Signed: 09-08-2025<br/>08:56:20</small> </div> <div align="center">X</div> | DATE ISSUED<br>9/8/2025 |
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED  
Jonathan B. Redwood, Secretary

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| FIRM NAME<br>Juicer Connections, Inc.                   | STREET ADDRESS<br>1920 McGarry St                  |
| CITY, STATE, ZIP CODE, COUNTRY<br>Vernon, CA 90058-1030 | TYPE ESTABLISHMENT INSPECTED<br>Juice Manufacturer |

1.) Your Product Ingredient Specifications records document a total of (b) (4) units of Cucumber Juice, lot (b) (4), which were produced from 8/11/25 to 8/14/25. The (b) (4) Report for this lot documents that (b) (4) units were (b) (4).

2.) Your Product Ingredient Specifications records document a total of (b) (4) units of Cucumber Juice, lot (b) (4), which were produced on 8/15/25. The (b) (4) Report and (b) (4) (b) (4) Log for this lot document that (b) (4) units were (b) (4).

3.) Your Product Ingredient Specifications record for Pomegranate Juice, lot (b) (4), documents that (b) (4) units were produced on 8/18/25. The (b) (4) Report and (b) (4) (b) (4) Log for this lot document that (b) (4) units were (b) (4).

4.) Your Product Ingredient Specifications record for Cucumber Juice, lot (b) (4), documents that (b) (4) units were produced on 8/18/25. The (b) (4) Report and (b) (4) Log for this lot document that (b) (4) units of Cucumber Juice, lot (b) (4), were (b) (4). In addition, the same (b) (4) Report and (b) (4) Log document that (b) (4) units of Carrot Juice, from lots (b) (4) and (b) (4), were processed and released, while the (b) (4) Invoice (b) (4) documents (b) (4) of Carrot Juice (b) (4) which were charged for this transaction.

5.) Your Product Ingredient Specifications record for Cucumber Juice, lot (b) (4), documents that (b) (4) units were produced on 7/22/25. The (b) (4) Report and (b) (4) Log for this lot document that (b) (4) units were (b) (4).

6.) Your Product Ingredient Specifications record for Pomegranate Juice, lot (b) (4), documents that (b) (4) were produced on 8/18/25. The (b) (4) Report and (b) (4) (b) (4) Log for this lot document that (b) (4) units were (b) (4).

|                                     |                                                                                            |                                                                                                                                                                                 |                         |
|-------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>SEE REVERSE<br/>OF THIS PAGE</b> | EMPLOYEE(S) SIGNATURE<br>Greg K Keshishyan, Investigator<br>Ashley S Ertzman, Investigator | <p align="center"> <small>Greg K Keshishyan<br/>Investigator<br/>Signed By: Greg K. Keshishyan -S<br/>Date Signed: 09-08-2025<br/>08:56:20</small> </p> <p align="center">X</p> | DATE ISSUED<br>9/8/2025 |
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION**

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|                                                                                                                     |                                                    | FEI NUMBER<br>3004418300                     |
| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED<br>Jonathan B. Redwood, Secretary                                |                                                    |                                              |
| FIRM NAME<br>Juicer Connections, Inc.                                                                               | STREET ADDRESS<br>1920 McGarry St                  |                                              |
| CITY, STATE, ZIP CODE, COUNTRY<br>Vernon, CA 90058-1030                                                             | TYPE ESTABLISHMENT INSPECTED<br>Juice Manufacturer |                                              |

**OBSERVATION 4**

You did not fully implement the verification and recordkeeping procedures listed in your HACCP plan.

Specifically,

- 1.) You did not maintain an (b) (4) Log for the (b) (4) Report dated 8/14/25, for Lot ID (b) (4) (containing Cucumber Juice, lot (b) (4)).
- 2.) You did not review your Product Temperature Monitoring Forms for the time periods 5/21/25, 6/03-06/25, and 7/03/25.
- 3.) You did not review your (b) (4) Bag Inspection Logs for the time periods 6/02-04/25, 6/05-06/25, 6/09-12/25, and 6/16-19/25.

This is a repeat observation from the previous inspections conducted in March 2024 (written observation), October-November 2022 (written observation), and June 2019 (written observation).

**OBSERVATION 5**

You did not review all of your calibration records within a reasonable time after the records were made.

Specifically,

You did not review your pH Calibration Logs for the time periods 6/03-05/25, 6/06/25, and 6/11-12/25.

**\*DATES OF INSPECTION**

8/12/2025(Tue), 8/13/2025(Wed), 8/20/2025(Wed), 8/28/2025(Thu), 9/03/2025(Wed), 9/04/2025(Thu), 9/08/2025(Mon)

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER

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Irvine, CA 92612-2445  
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FEI NUMBER

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NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED

Jonathan B. Redwood, Secretary

FIRM NAME

Juicer Connections, Inc.

STREET ADDRESS

1920 McGarry St

CITY, STATE, ZIP CODE, COUNTRY

Vernon, CA 90058-1030

TYPE ESTABLISHMENT INSPECTED

Juice Manufacturer

**SEE REVERSE  
OF THIS PAGE**

EMPLOYEE(S) SIGNATURE

Greg K Keshishyan, Investigator  
Ashley S Ertzman, Investigator

Greg K Keshishyan  
Investigator  
Signed By: Greg K. Keshishyan -S  
Date Signed: 09-08-2025  
08:56:20

X

DATE ISSUED

9/8/2025

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."