



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> ZURTI LOCO	<b>BUSINESS PHONE:</b> (559) 589-3256	<b>RECORD ID#:</b> PR0009804	<b>DATE:</b> June 03, 2016
<b>FACILITY SITE ADDRESS:</b> 55 E D ST SUIT J	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MIGUEL MIRANDA	<b>CERTIFIED FOOD MANAGER:</b> MIGUEL MIRANDA	<b>EXP DATE:</b> 9/21/2020	<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: None Noted

General Comments:

The hand wash station was observed to be fully stocked.

The cold holding unit was noted to be at or below 41°F.

Restroom was noted 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 - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> ZURTI LOCO	<b>BUSINESS PHONE:</b> (559) 589-3256	<b>RECORD ID#:</b> PR0009804	<b>DATE:</b> December 04, 2015
<b>FACILITY SITE ADDRESS:</b> 55 E D ST SUIT J	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MIGUEL MIRANDA	<b>CERTIFIED FOOD HANDLER:</b> MIGUEL MIRANDA	<b>EXP DATE:</b> 9/21/2020	<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 units noted at 41°F.

Hand washing station was observed to be fully stocked.

Restroom was noted to be fully stocked.

Observed a sign inside the store that stated that tamales, churros, and a hot beverage would be sold three days out of the week. Operator was reminded that this facility was only approved to sell cut fruit, and minimal sandwich making. This facility does not have adequate equipment to make tamales and operator was reminded that food sold in this store need to be prepared in this store and not from home. Operator was reminded that if any changes to equipment would be made inside, a plan check is required. If there are any questions, feel free to contact our office at 559-584-1411.

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: 

Agency Representative: ABEL SIMON

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