



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

FACILITY NAME: AVENAL ELEMENTARY SCHOOL	BUSINESS PHONE: (559) 386-9083Ext. 1085	RECORD ID#: PR0000530	DATE: May 17, 2016
FACILITY SITE ADDRESS: 500 S FIRST ST	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: REEF-SUNSET USD	CERTIFIED FOOD MANAGER: MARILYN KINCAID	EXP DATE: 4/12/2016	INSPECTOR: 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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: Manager did not have a current food manager's certification on site. Manager stated that the two other employees do have their food manager's but they did not have their certification on site. Please have them faxed to our office with in 30 days.

General Comments:

Today's menu: frito boat, chili beans, fruit, and milk.

The temperature of the chili beans was noted to be above 135°F.

The temperature of the milk in the serving area and the walk-in refrigerators was noted to be at or below 41°F.

All hand wash stations were observed to be fully stocked with hot water, soap, and paper towels.

The dry storage area was observed to be well maintained and items above the floor six inches.

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

FACILITY NAME: AVENAL ELEMENTARY SCHOOL	BUSINESS PHONE: (559) 386-9083Ext. 1085	RECORD ID#: PR0000530	DATE: October 13, 2015
FACILITY SITE ADDRESS: 500 S FIRST ST	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: REEF-SUNSET USD	CERTIFIED FOOD HANDLER: MARILYN KINCAID	EXP DATE: 4/12/2016	INSPECTOR: Vikram Singh

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: There was no hot water supply in the facility. The state law requires a food facility to provide hot water to all the faucets in the kitchen that are used for washing hands and utensils. Dan (maintenance) informed that the non-functional part of the heater has been ordered. Receipts were provided during inspection. As a temporary solution, the facility is heating the water in utensils.

Violation: VERMIN INFESTATION [HSC 114259.1]

Description/Corrective Action: Numerous black beetles were observed in the facility. Please have the pest control provider thoroughly treat for beetles.

General Comments:

All the cold holding units and cold foods were measured at a temperature at or below 41 F. The temperature of hot foods was measured and it was well above 135 F. Store area and the restrooms were measured in a neat and clean condition. Frequent hand washing was observed during inspection. The operators used gloves and hair nets while serving food. This facility records temperature of hot and cold foods. The records were verified.

Please correct the above noted violations.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Received By:

Vikram Singh

Agency Representative

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FOOD SAFETY EVALUATION REPORT

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD HANDLER, EXP DATE, INSPECTOR.

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 FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES

Description/Corrective Action: Two employees do not have food handercard certification. Please obtain food handler certification with 30 days.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The outside entrance door to the storage area does not shut properly and is in need of repair. Please repair the entrance door to close potential entry route for vermin.

General Comments:

All the hot foods were measured above 135 F. The cold holding units were measured below 41 F. The hand wash station and the restroom were observed as satisfactory. This facility records temperatures of foods and holding units. The temperature logs were verified. The facility has one certified food manager. Rodent control has significantly improved since the last inspection. Please correct the above noted violation.

RESULTS OF EVALUATION: [X] PASS [] NEEDS IMPROVEMENT [] FAIL. Reinspection Required: Yes: [] No: [X]. Reinspection Date (on or after): N/A. [] Potential Food Safety All Star.

Handwritten signature in blue ink.

Received By:

Vikram Singh

Agency Representative

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