



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: EDWARD'S BAKERY	BUSINESS PHONE: (559) 386-0545	RECORD ID#: PR0005255	DATE: November 02, 2016
FACILITY SITE ADDRESS: 512 S THIRD ST	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MARIA PORTILLO	CERTIFIED FOOD MANAGER: Maria Portillo	EXP DATE: 6/22/2016	INSPECTOR: Vikram Manke

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: The lighting in the back room was not very dim. Please install brighter bulbs in the back area to provide adequate lighting.

Spider webs were observed on the ceiling and walls in the back room. Please thoroughly clean the area.

General Comments:

Hand wash station had soap, paper towels, and warm water supply. Refrigerators were measured at appropriate temperatures. Restrooms were observed in satisfactory condition.

Please fix 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:

Evel Gomez

Received By:

Vikram Manke

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: EDWARD'S BAKERY	BUSINESS PHONE: (559) 386-0545	RECORD ID#: PR0005255	DATE: October 13, 2015
FACILITY SITE ADDRESS: 512 S THIRD AVE	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MARIA PORTILLO	CERTIFIED FOOD HANDLER: Maria Portillo	EXP DATE: 6/22/2016	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: A big dent was present in the floor area behind cashier's counter. Please repair this area of the floor. This violation was also noted in the last inspection report.

Adequate lighting is not being provided in the back storage area. Please provide brighter lights bulbs in the back area.

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

Description/Corrective Action: Paper towels were not present at the handwash station. Please ensure that the hand wash station has paper towels at all times.

General Comments:

The cold holding units were measured at satisfactory temperatures per the state law.

Please fix the above noted violations. Discontinue practise of storing medicines on the microwave or near the food products.

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:

Eveli Gomez

Vikram Singh

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: EDWARD'S BAKERY	BUSINESS PHONE: (559) 386-0545	RECORD ID#: PR0005255	DATE: May 15, 2015
FACILITY SITE ADDRESS: 512 S THIRD AVE	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MARIA PORTILLO	CERTIFIED FOOD HANDLER: Maria Portillo	EXP DATE: 6/22/2016	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 is a big dent in the floor area behind the cashier's counter. Please repair the damage to the floor.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: The containers in the back storage area were observed to be uncovered. Please keep the containers covered to avoid contamination of food.

General Comments:

The hand wash station had soap, paper towels, and warm water.
The cold holding units were measured at satisfactory temperatures.
Please correct the above noted violations.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

M Portillo

Vikram Singh

Received By:

Agency Representative

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