**County of Kings - Department of Public Health**
**Environmental Health Serivces 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: | BUSINESS PHONE: | RECORD ID#: | DATE: |
|---|---|---|---|
| LA FUENTE MARKET | (559) 992-8358 | PR0003396 | October 19, 2016 |
| **FACILITY SITE ADDRESS:** | **CITY:** | **ZIP CODE:** | **INSPECTION TYPE:** |
| 2436 GARVEY AVE | CORCORAN | 93212 | ROUTINE INSPECTION |
| **OWNER NAME:** | **CERTIFIED FOOD MANAGER:** | **EXP DATE:** | **INSPECTOR:** |
| V ZEPEDA/PATRICIA DUARTE | VALENTIN ZEPEDA | 10/11/2016 | 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:** Excessive grease was present in the baffles of the exhaust hood. Please contact a steam cleaning service provider to service the hood. Retain receipts of service as they will be checked during re-inspection.

Excessive food debris/hardened dust was observed on the floor and shelves of the cold holding units and the handles. Please clean these unit thoroughly.

This violation was also noted in the last inspection.

**Violation:** IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

**Description/Corrective Action:** Temperature of the display refrigerator used for storing meats was measured at 48 - 50 F. During inspection, the operator decreased temperature of the unit.

**Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Soda machine nozzles were checked for proper cleaning. The Pepsi nozzle had mildew. Please clean frequently to avoid accumulation of mildew in the nozzles.

This violation was also noted in the last inspection.

**General Comments:**

Hand wash station had soap, paper towels, and warm water supply.
Food items in the hot holding unit were measured above 135 F.
Cold food items in the prep refrigerator was measured under 41 F.
Restrooms were observed in good condition.

Please correct the above noted violations. A re-inspection shall be conducted to confirm compliance on or after 11/20/2016. If any further re inspections are required, your facility shall be billed $225 for each subsequent inspection.

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

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| **OWNER NAME:** | **CERTIFIED FOOD MANAGER:** | **EXP DATE:** | **INSPECTOR:** |
| V ZEPEDA/PATRICIA DUARTE | VALENTIN ZEPEDA | 10/11/2016 | 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.**

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

**Reinspection Required:** **Yes:** ☒ **No:** ☐

**Reinspection Date (on or after):** **11/20/2016**

☐ Potential Food Safety All Star:

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: | BUSINESS PHONE: | RECORD ID#: | DATE: |
|---|---|---|---|
| LA FUENTE MARKET | (559) 992-8358 | PR0003396 | January 14, 2016 |
| **FACILITY SITE ADDRESS:** | **CITY:** | **ZIP CODE:** | **INSPECTION TYPE:** |
| 2436 GARVEY AVE | CORCORAN | 93212 | ROUTINE INSPECTION |
| **OWNER NAME:** | **CERTIFIED FOOD HANDLER:** | **EXP DATE:** | **INSPECTOR:** |
| V ZEPEDA/PATRICIA DUARTE | VALENTIN ZEPEDA | 10/11/2016 | 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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** The nozzles in the soda vending machine had mildew. The operator stated that the nozzles are cleaned once per week. Please clean more frequently to avoid accumulation of mildew.

The cold holding unit used to store meats and ready-to-eat foods had food debris. This unit is in need of cleaning. Please organize this unit by placing the ready-to-eat foodson the top shelf and raw meats on the bottom shelf.

The operator was observed NOT using sanitizer to clean the utensils. Please make sure to sanitize all utensils and food equipment. Since your facility uses a chlorine based sanitizer, check the concentration level of the sanitizer before use. The concentration should be 100 ppm and the the surface of the utensils/equipment should be in contact with sanitizer for 30 seconds.

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

**Description/Corrective Action:** The exhaust hood in the kitchen had excess accumulation of grease. Please contact a hood cleaning provider to steam clean this unit.

**General Comments:**

Hand wash station had soap, paper towels, and warm water supply.
All the cold holding units were measured at satisfactory temperatures per the state law.
Hot foods were measured at satisfactory temperatures per the state law.
Restrooms were observed in very clean condition.
The operator has done a great job in organizing the back storage room.

Please correct the above noted violations.

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

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| **OWNER NAME:** | **CERTIFIED FOOD HANDLER:** | **EXP DATE:** | **INSPECTOR:** |
| V ZEPEDA/PATRICIA DUARTE | VALENTIN ZEPEDA | 10/11/2016 | 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.**

**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:

*Vikram Singh*
Agency Representative

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