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:
NAPOLES BAKERY	(559) 362-4911	PR0000132	September 29, 2016
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
1045 DORAN AVE	CORCORAN	93212	1ST FOLLOW UP INSPECTION
OWNER NAME:	**CERTIFIED FOOD MANAGER:**	**EXP DATE:**	**INSPECTOR:**
MARIO & RICHARD MEDINA	RICHARD MEDINA	9/17/2016	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: None Noted

General Comments:

This inspection was conducted to confirm compliance with the violations issued on August 30, 2016.
Nozzles of the soda machine were clean and free of mildew.
Dust and debris has been cleared from the walk-in refrigerator.
A new cover has been installed on the overhead lighting unit.
All the hand wash stations had soap, paper towels, and warm water supply.
Exhaust fan in men's restroom was functional.
Containers in the walk-in refrigerator had proper covers.
Operator infomred that diffuser covers have already been ordered and they will be delivered in 3 weeks.
Please clean the debris from the floor sink in the walk-in refrigerator.

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:

Received By:

Vikram Manke
Agency Representative

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

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:
NAPOLES BAKERY	(559) 362-4911	PR0000132	August 30, 2016
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
1045 DORAN AVE	CORCORAN	93212	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD MANAGER:**	**EXP DATE:**	**INSPECTOR:**
MARIO & RICHARD MEDINA	RICHARD MEDINA	9/17/2016	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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Mildew was present in the nozzles of the soda machine. Please clean frequently to avoid accumulation of mildew.

Dust/debris was observed in the walk-in refrigerator. Debris was also present in the floor sink. Please clean thoroughly to remove dust/debris.

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

Description/Corrective Action: Overhead lighting unit in the kitchen area did not have proper cover. A cover must be provided to contain broken glass in case of an accidental breakage of the bulb. Additionally, please install a cover/diffuser on the uncovered vent opening to limit amount of contaminants entering kitchen area.

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

Description/Corrective Action: Hand wash station near the three door refrigerator did not have paper towels. in the sink, a clothing item (baseball hat) and towels were present. Please keep the sink accessible and free of all these items.

In the men's restroom, hand wash station did not have soap and paper towels.

In the women's restroom, hand wash station did not have hand soap and paper towels.

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

Description/Corrective Action: Exhaust fan in the men's restroom was not functional. Please repair or replace the exhaust fan.

Violation: IMPROPER FOOD HANDLING PRACTICES [HSC 113961 - 113973]

Description/Corrective Action: One container of meat did not have cover while it was stored in the walk-in refrigerator.

This violation was also noted in the previous inspection report.

General Comments:

Temperature of the cold holding units was measured below 41 F.

Please correct the above noted violations. A reinspection shall be conducted on or after 9/9/2016 to confirm compliance with the above noted violations. The reinspection shall be free of charge. If any further re-inspections are required, your facility shall be billed $225 for each subsequent re-inspection.

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

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:
NAPOLES BAKERY	(559) 362-4911	PR0000132	August 30, 2016
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
1045 DORAN AVE	CORCORAN	93212	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD MANAGER:**	**EXP DATE:**	**INSPECTOR:**
MARIO & RICHARD MEDINA	RICHARD MEDINA	9/17/2016	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): **9/9/2016**

☐ Potential Food Safety All Star:

Received By:

Vikram Manke
Agency Representative

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