



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> REYNA'S CAFE	<b>BUSINESS PHONE:</b> (559) 381-3147	<b>RECORD ID#:</b> PR0008416	<b>DATE:</b> December 14, 2016
<b>FACILITY SITE ADDRESS:</b> 1943 DAIRY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> REYNA SALAS	<b>CERTIFIED FOOD MANAGER:</b> Alma Esquivel	<b>EXP DATE:</b> 3/4/2020	<b>INSPECTOR:</b> 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:** Sanitizer for the mechanical dish washer was measured at 0 PPM. Per state law, the concentration of this sanitizer must be kept at 0 PPM. During inspection, the dishwasher service personnel were contacted to correct the situation.

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

**Description/Corrective Action:** Many containers in the two door prep refrigerator located in the kitchen and the freezer in the dry storage area did not have protective covers. Please provide lids on these containers to protect the food items from possible cross contamination.

Food operator was observed handling raw food items and ready to eat food items without washing hands in between the two activities. Please ensure that the employees are trained on proper food handling procedures.

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

**Description/Corrective Action:** Baffles of the exhaust hood had excessive grease in them. Please clean the baffles to remove excessive grease.

Flooring in the kitchen area was deteriorated in many area. The underlying structure beneath the floor was visible in the deteriorated areas. New flooring must be installed to correct the situation. Please consider installing the new floor in the near future.

**General Comments:**

Hand wash station had soap, paper towels, and warm water supply.  
Temperature of cold holding units was measured below 41 F.  
Temperature of hot holding unit was measured above 135 F.

Please fix the above noted violations.

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



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<b>OWNER NAME:</b> REYNA SALAS	<b>CERTIFIED FOOD MANAGER:</b> Alma Esquivel	<b>EXP DATE:</b> 3/4/2020	<b>INSPECTOR:</b> Vikram Manke

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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 Manke*

Agency Representative

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<b>FACILITY NAME:</b> REYNA'S CAFE	<b>BUSINESS PHONE:</b> (559) 381-3147	<b>RECORD ID#:</b> PR0008416	<b>DATE:</b> May 25, 2016
<b>FACILITY SITE ADDRESS:</b> 1943 DAIRY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> REYNA SALAS	<b>CERTIFIED FOOD MANAGER:</b> Alma Esquivel	<b>EXP DATE:</b> 3/4/2020	<b>INSPECTOR:</b> 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: Grease was accumulated in baffles of the exhaust hood. Operator informed that it shall be cleaned this weekend.

General Comments:

Hand wash station had soap, paper towels, and warm water supply. All the food items were stored at least six inches above the floor. Refrigerators were measured at satisfactory temperatures per the state law. Sanitizer in dishwasher was measured at satisfactory concentration. Restrooms were observed in good condition.

Please fix 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:

*Reyna Salas*

Received By:

*Vikram Manke*

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> REYNA'S CAFE	<b>BUSINESS PHONE:</b> (559) 992-3422	<b>RECORD ID#:</b> PR0008416	<b>DATE:</b> October 07, 2015
<b>FACILITY SITE ADDRESS:</b> 1943 DAIRY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> REYNA SALAS	<b>CERTIFIED FOOD HANDLER:</b> Alma Esquivel	<b>EXP DATE:</b> 3/4/2015	<b>INSPECTOR:</b> 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: Nozzles of the soda vending machine had buildup and mildew in them. Please clean frequently to avoid accumulation of mildew. This violation was also noted in the last inspection report.

The sanitizer in the dish washing machine was measured around 50 ppm. The state law requires chlorine based sanitizer to be maintained at a concentration of 100 ppm. The operator notified that "EcoLab" shall be called to fix this issue.

General Comments:

Hand wash station had soap, paper towels, and warm water supply. The cold foods and cold holding units were measured at satisfactory temperatures per the state law. Restrooms were observed in a good condition.

Please fix the above noted violation.

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

*Jeena Ma*

Received By:

*Vikram Singh*

Agency Representative

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