



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/health/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CISNEROS OLIVES	BUSINESS PHONE: (559) 269-2308	RECORD ID#: PR0007111	DATE: July 30, 2014
FACILITY SITE ADDRESS: 2778 HANFORD-ARMONA RD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ED CISNEROS	CERTIFIED FOOD HANDLER: ED CISNEROS	EXP DATE: 8/20/2017	INSPECTOR: Susan Lee-Yang - 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: None Noted

General Comments:

Handwash station and restroom were stocked with hot water, soap, and paper towels.

Refrigerators were noted satisfactory.

Facility is in good operating condition.

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:

Susan Lee-Yang - 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: CISNEROS OLIVES	BUSINESS PHONE: (559) 269-2308	RECORD ID#: PR0007111	DATE: July 09, 2013
FACILITY SITE ADDRESS: 2778 HANFORD-ARMONA RD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ED CISNEROS	CERTIFIED FOOD HANDLER: ED CISNEROS	EXP DATE: 8/20/2017	INSPECTOR: Susan Lee-Yang - 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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Ensure designated hand wash station is stocked with soap and paper towels.

General Comments:

All cold holding units were noted satisfactory at time of inspection.

Observed containers with proper labels.

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:

Susan Lee-Yang - REHS

Received By:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CISNEROS OLIVES	BUSINESS PHONE: (559) 269-2308	RECORD ID#: PR0007111	DATE: July 12, 2012
FACILITY SITE ADDRESS: 2778 HANFORD-ARMONA RD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ED CISNEROS	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Kimberly Schneider

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 COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Observed ambient temperature noted at 49F at reach in refrigerator. Please maintain at 41F and below.

Violation: IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: Observed rodent pallet bait used. Please discontinue.

Violation: REQUIREMENT NOT MET FOR CALIFORNIA FOOD HANDLER CARD LAW

Description/Corrective Action: Facility currently does not have a manager certification certificate or food handler card. Please provide with in 30 days. Failure to do so will result in a court hearing regarding revoking food vending permit.

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

Description/Corrective Action: Observed facility does not have a digital thermometer or sanitizer test strips to envelope sanitizer at 100 ppm. Please provide.

General Comments:

Observed hand sink fully stocked with soap and paper towels.

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:

Kimberly Schneider

Agency Representative

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