



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> EL FRIJOLITO RESTAURANT	<b>BUSINESS PHONE:</b> (559) 836-3110	<b>RECORD ID#:</b> PR0009706	<b>DATE:</b> December 02, 2016
<b>FACILITY SITE ADDRESS:</b> 429 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> CONSTRUCTION/EQUIPMENT INSF
<b>OWNER NAME:</b> JOSE A. VALENCIA AVILA	<b>CERTIFIED FOOD MANAGER:</b> JOSE VALENCIA	<b>EXP DATE:</b> 7/14/2015	<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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Exposed concrete was present at the base of the new entrance door. Please install adequate flooring to cover exposed concrete.

The restroom door and the entrance door in the new dining area were not self closing. Please modify these doors to self-close when not in use.

General Comments:

This construction inspection was conducted to verify the the new dining section meets applicable codes and regulations. An access door was constructed between building next door and the existing food facility. An swinging door allows food operators to transport into and out of the new dining section. A two door refrigerator was also added. Operator stated that this refrigerator shall only be used to store drink and no perishable items will be stored here. A restroom was present in the new dining area.

The above noted violations must be corrected before the new dining section is put into use. Our department shall verify compliance during the next routine inspection.

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

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



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<b>FACILITY SITE ADDRESS:</b> 429 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JOSE A. VALENCIA AVILA	<b>CERTIFIED FOOD MANAGER:</b> JOSE VALENCIA	<b>EXP DATE:</b> 7/14/2015	<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 FOOD HANDLING PRACTICES [HSC 113961 - 113973]

Description/Corrective Action: Rice were stored in grocery bags in the three door refrigerator in the kitchen area. Operators were asked to discontinue this practice. Food items must only be stored in food grade bags/containers only.

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

Description/Corrective Action: Improper cleaning procedures are being utilized to wash dishes. Currently, the sanitizing step is being ommitted during the cleaning process. Operator stated a three compartment sink shall be added in the back section to correct this issue.

General Comments:

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

Please correct 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:

Received By:

Vikram Manke

Agency Representative

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FOOD SAFETY EVALUATION REPORT

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD MANAGER, EXP DATE, INSPECTOR.

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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Paper towels were not present in the men's restroom. Please provide paper towels in men's restroom.

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

Description/Corrective Action: In the prep table, temperature of cucumbers was measured at 50 F. These cucumbers were inside a plastic container that was placed on top of the other items in the prep table. Please discontinue this practice. Cucumber were moved to cold holding cabinet underneath.

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

Description/Corrective Action: Grease was accumulated in the exhaust hood. Please clean within 30 days.

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

Description/Corrective Action: Hand wash station did not have soap and paper towels. Please provide the missing items at the hand wash station.

General Comments:

Temperature of hot items were measured above 135 F. Refrigerator was measured below 41 F.

Please fix the above noted violations.

RESULTS OF EVALUATION: [ ] PASS [X] NEEDS IMPROVEMENT [ ] FAIL. Reinspection Required: Yes: [ ] No: [X]. Reinspection Date (on or after): N/A. [ ] Potential Food Safety All Star:

Ma. Guadalupe Diaz A

Received By:

Vikram Singh

Agency Representative

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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> EL FRIJOLITO RESTAURANT	<b>BUSINESS PHONE:</b> (559) 836-3110	<b>RECORD ID#:</b> PR0009706	<b>DATE:</b> December 08, 2015
<b>FACILITY SITE ADDRESS:</b> 429 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JOSE A. VALENCIA AVILA	<b>CERTIFIED FOOD HANDLER:</b> JOSE VALENCIA	<b>EXP DATE:</b> 7/14/2015	<b>INSPECTOR:</b> Luis Flores - 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:** RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

**Description/Corrective Action:** The women's restroom was not supplied with paper towels for hand drying. Maintain an extra supply of paper towels for use. Paper supply products were reported to be provided by a supplier who visits weekly on Wednesdays.

**Violation:** IMPROPER REFUSE STORAGE OR DISPOSAL [HSC 114244-114245.8]

**Description/Corrective Action:** Trash was observed on the ground in the dumpster area. Clean-up litter and cardboard on the ground and place inside the dumpster.

Also, remove cardboard from the grease enclosure area and maintain the grease lid closed. If capable, lock the grease container.

**Violation:** IMPROPER PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]

**Description/Corrective Action:** The women's restroom toilet was not properly flushing and appeared to be on the verge of backing up. Immediately utilize a plunger for correction and/or contact a plumber if necessary.

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

**Description/Corrective Action:** A build-up of grease on the exhaust hood was noted. This requires immediate cleaning.

**General Comments:**

All hot food and cold food holding temperatures monitored were observed to meet the State Food Code holding temperature requirements.

The observed food handling practice observed was good.

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