



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: AMORE CAFFE	BUSINESS PHONE: (559) 992-2356	RECORD ID#: PR0005272	DATE: December 01, 2009
FACILITY SITE ADDRESS: 942 WHITLEY	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LORENA BANUELOS	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Troy Hommerding-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:

Restroom and hand wash sinks were noted properly stocked today.

All cold holding temperatures were at or below 41°F.

Facility is clean and well kept.

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:

Troy Hommerding-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: AMORE CAFFE	BUSINESS PHONE: (559) 992-2356	RECORD ID#: PR0005272	DATE: May 12, 2009
FACILITY SITE ADDRESS: 942 WHITLEY	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LORENA BANUELOS	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Lee Johnson - 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:

All cold temps were satisfactory. No hot holding is occurring. Hand wash stations are all fully stocked. Facility is clean and well maintained. Thank you.

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input 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:
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Received By: _____

Lee Johnson - REHS

Agency Representative

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CONSTRUCTION INSPECTION REPORT

FACILITY NAME: AMORE CAFFE	OWNER NAME: LORENA BANUELOS	FACILITY ID#: FA0002380	DATE: June 06, 2008
FACILITY SITE ADDRESS: 942 WHITLEY CORCORAN, CA 9321-2	BUSINESS PHONE: (559) 992-2356	INSPECTION TYPE: CONSTRUCTION/EQUIPMENT INSPECTION	INSPECTOR: Troy Hommerding

A construction and/or equipment inspection was conducted on this date as described below:

FOOD FACILITY-RESTS, BAKERY, BAR, ETC - PR0005272

General Comments:

Today's site visit is an opening inspection for this facility.

Refrigeration units measured below 41°F.

Restroom and hand wash sinks were fully stocked.

This facility will be preparing coffee, blended specialty drinks, and cold sandwiches.

Prior to opening the following must be corrected:

Drain line from the three compartment sink must have an air gap between the floor sink and the drain line, currently the drain line extends down into the floor sink. The same must be corrected with the front prep sink drain line, ice bin drain line and the dipper well drain line.

Once the about has been corrected, this facility is ok to open to the public.

Good luck!!!

Received by:

Signature

Troy Hommerding

Environmental Health Officer