



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

<b>FACILITY NAME:</b> AMORE CAFE	<b>BUSINESS PHONE:</b> (559) 992-2356	<b>RECORD ID#:</b> PR0005272	<b>DATE:</b> July 18, 2011
<b>FACILITY SITE ADDRESS:</b> 942 WHITLEY	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LORENA BANUELOS	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:** RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

**Description/Corrective Action:** Please repair the restroom door so that it closes completely on its own.

**General Comments:**

All cold temperatures checked today were less than 41F. No hot holding is occurring. Sanitizer level was satisfactory. The facility is generally clean and well maintained. Some foods (e.g. pasta salad) are brought over occasionally from Mariscos El Capitan, otherwise only drink preparation occurs here.

Thank you.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input 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:

Received By: \_\_\_\_\_

Lee Johnson - REHS

Agency Representative

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



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<b>FACILITY NAME:</b> AMORE CAFFE	<b>BUSINESS PHONE:</b> (559) 992-2356	<b>RECORD ID#:</b> PR0005272	<b>DATE:</b> November 16, 2010
<b>FACILITY SITE ADDRESS:</b> 942 WHITLEY	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LORENA BANUELOS	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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 employee handwash sinks were all well stocked today.  
All refrigeration temperatures measured today were at or below 41°F.

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*  
Environmental Health Specialist

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> AMORE CAFFE	<b>BUSINESS PHONE:</b> (559) 992-2356	<b>RECORD ID#:</b> PR0005272	<b>DATE:</b> June 11, 2010
<b>FACILITY SITE ADDRESS:</b> 942 WHITLEY	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LORENA BANUELOS	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Used wipe rags were noted stored in the rear hand sink. Please keep this sink clear for hand use only.

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

**Description/Corrective Action:** The small prep refrigerator on the north side measured 46F. Please adjust to maintain 41F or less at all times.

**General Comments:**

No hot holding is occurring. Food prep is limited to drinks and repackaging.

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:

Received By:

Lee Johnson - REHS

Agency Representative

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