



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> CORCORAN APOSTOLIC CHURCH	<b>BUSINESS PHONE:</b> (559) 992-8437	<b>RECORD ID#:</b> PR0004058	<b>DATE:</b> June 27, 2011
<b>FACILITY SITE ADDRESS:</b> 2725 NORTH AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CORCORAN APOSTOLIC CHURCH	<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 COLD HOLDING TEMPERATURE(S) [HSC 113996]

**Description/Corrective Action:** Refrigerator temperature measured 47F. Please adjust thermostat colder to maintain temperature at 41F or less at all times.

**General Comments:**

The facility was noted to be clean and well maintained. All hand sinks were fully stocked. 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> N/A <input type="checkbox"/> Potential Food Safety All Star:
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*Bonny Small*

Received By:

*Lee Johnson - REHS*

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> CORCORAN APOSTOLIC CHURCH	<b>BUSINESS PHONE:</b> (559) 992-8437	<b>RECORD ID#:</b> PR0004058	<b>DATE:</b> February 05, 2010
<b>FACILITY SITE ADDRESS:</b> 2725 NORTH AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CORCORAN APOSTOLIC CHURCH	<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:** NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

**Description/Corrective Action:** Please have at least one food worker pass a certified food safety test within 60 days, and provide a copy of the certificate to our office.

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

**Description/Corrective Action:** Please provide light bulbs in the kitchen with shatterproof covers. Also, please install self-closure devices on both restroom doors.

General Comments:

The facility is clean and well maintained. All cold temperatures checked today were <41F. All hand sinks were fully stocked.

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> _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

*Signature*

Received By:

Lee Johnson - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> CORCORAN APOSTOLIC CHURCH	<b>BUSINESS PHONE:</b> (209) 992-9344	<b>RECORD ID#:</b> PR0004058	<b>DATE:</b> February 13, 2009
<b>FACILITY SITE ADDRESS:</b> 2725 NORTH	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ARMANDO MUNOZ	<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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Please provide shielding to exposed light bubs in kitchen.

General Comments:

The facility is clean and well maintained. Hot water, soap, & paper towels are present. Refrigerator temperature was good (41 F). 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:

*Benny Juale*

Received By:

*Lee Johnson - REHS*

Agency Representative

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