



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 EMERGENCY AID	<b>BUSINESS PHONE:</b> (559) 992-2272	<b>RECORD ID#:</b> PR0005238	<b>DATE:</b> August 09, 2011
<b>FACILITY SITE ADDRESS:</b> 2121 W WHITLEY BLVD	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CORCORAN EMERGENCY AID	<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:** All cold temperatures were 41 or less today, except refrigerator A, which measured 47F. Thermostat was lowered by staff.

**General Comments:**

For canned goods awaiting processing, please insure that all cans that are badly dented, dented at all on the edge or seam, dented sufficiently that the metal is pinched, or are missing labels are discarded.

Facility may relocate in the near future. Please notify our office of the new address when this occurs.

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

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



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<b>FACILITY NAME:</b> CORCORAN EMERGENCY AID	<b>BUSINESS PHONE:</b> (559) 992-2272	<b>RECORD ID#:</b> PR0005238	<b>DATE:</b> August 20, 2010
<b>FACILITY SITE ADDRESS:</b> 2121 W WHITLEY BLVD	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CORCORAN EMERGENCY AID	<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: None Noted

General Comments:

This facility distributes prepacked food only. No food preparation occurs.

All cold temperatures checked today were satisfactory. The facility is generally clean and well organized.

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:

*m. h. e. n.*

Received By:

Lee Johnson - REHS

Agency Representative

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<b>FACILITY NAME:</b> CORCORAN EMERGENCY AID	<b>BUSINESS PHONE:</b> (559) 992-2272	<b>RECORD ID#:</b> PR0005238	<b>DATE:</b> February 03, 2010
<b>FACILITY SITE ADDRESS:</b> 2121 W WHITLEY BLVD	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CORCORAN EMERGENCY AID	<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: None Noted

General Comments:

This non-profit food distribution center provides free packaged food to approximately 500 families per month.

All cold temperatures were satisfactory today. No hot holding is occurring or permitted. Temperatures are logged regularly.

The facility is clean and well organized.

Thank you, and keep up the good work.

<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:

*M. N. Law*

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

*Lee Johnson - REHS*

Agency Representative

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