



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: LA FUENTE MARKET	BUSINESS PHONE: (559) 992-4198	RECORD ID#: PR0003396	DATE: November 28, 2011
FACILITY SITE ADDRESS: 2436 GARVEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: V ZEPEDA/PATRICIA DUARTE	CERTIFIED FOOD HANDLER: VALENTIN ZEPEDA	EXP DATE: 10/11/2016	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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Two light fixtures in the kitchen/meat area require covers or light bulb tubes. The ice shoot at the soda dispenser is in need of cleaning. Please clean and sanitize regularly.

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

Description/Corrective Action: The rear storage room is in need of organization, consolidation and cleaning. Broken or unused equipment must be removed from the facility, or kept clean.

The grease hood filters are in need of cleaning. Also please replace the light bulb in the hood.

General Comments:

All hot and cold food temperatures checked were satisfactory. Please keep foods that are cooling in the refrigerator partially uncovered until cold to release heat quicker. All hand wash stations were fully stocked. Except as noted above the facility was noted to generally be clean today.

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:

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

FACILITY NAME: LA FUENTE MARKET	BUSINESS PHONE: (559) 992-4198	RECORD ID#: PR0003396	DATE: May 19, 2010
FACILITY SITE ADDRESS: 2436 GARVEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: V ZEPEDA/PATRICIA DUARTE	CERTIFIED FOOD HANDLER: VAL ZEPEDA	EXP DATE: 9/20/2010	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: SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]

Description/Corrective Action: Please remove moldy wheel of queso fresco from the cheese/meat case.

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

Description/Corrective Action: Please replace existing cardboard covers on grease barrels with appropriate metal drum covers.

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

Description/Corrective Action: Please clean the interior of the tortilla drawers to remove debris. Also the hood filters are in need of cleaning, as are the walls adjacent to the food processor. Please clean and organize the store room to remove unnecessary items and product.

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

Description/Corrective Action: Raw eggs in prep refrigerator were noted stored above ready to eat foods. Please store eggs on bottom shelf or otherwise to prevent possible cross contamination upon breakage.

General Comments:

All hot and cold temperatures checked today were satisfactory. Handwash stations were fully stocked and general cleanliness was noted improved.

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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