



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> MARISCOS EL CAPITAN #2	<b>BUSINESS PHONE:</b> (559) 992-2356	<b>RECORD ID#:</b> PR0008331	<b>DATE:</b> July 18, 2011
<b>FACILITY SITE ADDRESS:</b> 1220 WHITLEY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LORENA H BANUELOS	<b>CERTIFIED FOOD HANDLER:</b> LORENA BANUELOS	<b>EXP DATE:</b> 10/10/2015	<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:** Please insure all CO2 cylinders are secured to prevent accidental tip-over. Two were noted unsecured.

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

**Description/Corrective Action:** Raw eggs were noted stored on the top shelf of the walk in where they could potentially break and contaminate foods below. Please store eggs on bottom shelf or otherwise so they cannot contaminate other foods.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Please provide liquid hand soap and paper towels to the bar sink. None available.

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

**Description/Corrective Action:** Salsa refrigerator measured 48F. Please adjust to maintain 41F or less at all times. All other cold holding temperatures checked were satisfactory.

**General Comments:**

All hot holding temperatures were satisfactory (>135F). Except as noted all hand sinks were fully stocked. The facility was noted to be generally clean and well maintained. Vent hood filters will need to be cleaned soon.

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> MARISCOS EL CAPITAN #2	<b>BUSINESS PHONE:</b> (559) 992-2356	<b>RECORD ID#:</b> PR0008331	<b>DATE:</b> January 19, 2011
<b>FACILITY SITE ADDRESS:</b> 1220 WHITLEY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LORENA H 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:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Walk-in freezer was noted with an excessive accumulation of ice build up. Please remove ice build up.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Handwash sink on the south side of the cooks line did not have paper towels, please provide paper towels.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Door seals for the cooks line prep refrigeration unit are damaged and need replacing. This unit was measured at 41°F today. Please replace the refrigerator door seals for this unit. This was noted on the previous inspection.

**General Comments:**

Hot holding temperatures were measured above 135°F. All cold holding temperatures were at or below 41°F.

Employees were noted properly thawing previously frozen food products under running water today.

Mechanical dishwasher is sanitizing properly

Facility is using a digital tip sensitive thermometer.

Oyster tags were reviewed today.

<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:

*Lorena H Banuelos*

Troy Hommerding-REHS

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

Agency Representative

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<b>FACILITY NAME:</b> MARISCOS EL CAPITAN #2	<b>BUSINESS PHONE:</b> (559) 992-2356	<b>RECORD ID#:</b> PR0008331	<b>DATE:</b> May 18, 2010
<b>FACILITY SITE ADDRESS:</b> 1220 WHITLEY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> LORENA H 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:** LACK OF OR IMPROPER USE OF THERMOMETERS [HSC 114157-114159]

**Description/Corrective Action:** Facility did not have a thermometer for checking cooking, or hot holding temperatures. One was provided today.

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

**Description/Corrective Action:** Grease hood filters are in need of cleaning, please clean.

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

**Description/Corrective Action:** Handwash sink on the south end of the cooks line did not have hot or cold running water. One of the cooks turned on the water from the valve below. The cold water faucet knob does not work properly, that is why the water was shut off from the valve below. Please repair this handwash sink.

Additionally, this sink lacked paper towels, please provide paper towels at this handwash sink.

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

**Description/Corrective Action:** Cooks line reach in prep-refrigeration unit door seals are damaged and are in need of being replaced. Please repair/replace damaged door seals.

**General Comments:**

All cold holding temperatures were noted at or below 41°F. Steam table temperatures were noted above 135°F.

Frozen fish was observed being defrosted properly, under running water.

Shellfish tags (oyster) were available and current.

Restrooms were in satisfactory condition.

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