



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: MARISCOS EL CAPITAN #2	BUSINESS PHONE: (559) 992-2356	RECORD ID#: PR0008331	DATE: December 10, 2009
FACILITY SITE ADDRESS: 1220 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LORENA H BANUELOS	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: Please store ice scoop so that the handle does not contact the ice in the ice machine. Provide a cover to the light fixture above the ice machine to prevent possible bulb breakage.

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

Description/Corrective Action: Please replace burned out light bulb in basement freezer to provide light.

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

Description/Corrective Action: Please reinstall fallen paper towel dispenser at rear hand wash sink. Please provide paper towels to the bar sink. Please increase the temperature of the hot water in all three restrooms.

General Comments:

All hot and cold holding temperatures checked today were satisfactory. 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:

Lorena H Banuelos

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: MARISCOS EL CAPITAN #2	BUSINESS PHONE: (559) 992-2356	RECORD ID#: PR0008331	DATE: August 07, 2009
FACILITY SITE ADDRESS: 1220 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: CONSTRUCTION/EQUIPMENT INSF
OWNER NAME: LORENA H BANUELOS	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: None Noted

General Comments:

Final pre-opening inspection for new owners of an existing full service restaurant.

Please do the following before opening:

- Provide liquid soap and paper towels to all hand wash sinks.
- Obtain a digital probe thermometer to monitor food temperatures.
- Insure that all refrigeration units have functional thermometers.
- Repair the dishwasher so that adequate sanitizer is delivered.
- Install the missing light bulb shield in the basement.
- Clean the facility thoroughly.

OK to open when all of the above have been accomplished. Fees have been paid.

Thank you, and good luck.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Lorena H Banuelos

Received By:

Lee Johnson - REHS

Agency Representative

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