



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	BUSINESS PHONE: (559) 992-2356	RECORD ID#: PR0005637	DATE: January 07, 2009
FACILITY SITE ADDRESS: 1825 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LORENA H BANUELOS	CERTIFIED FOOD HANDLER: LORENA BANUELOS	EXP DATE: 9/11/2008	INSPECTOR: Troy Hommerding

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:**
1. Waste grease bin was noted full, please have licensed waste grease hauler service your facility.
 2. Grease interceptor needs cleaning, please have a licensed service company clean out your grease interceptor.
 3. Reach-in refrigeration unit on the cooks line was noted with excessive condensation on the bottom, please clean.

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

Description/Corrective Action: Men's restroom, Drain line from the hand wash sink was noted leaking waste water into a trash can, please repair.

General Comments:

- New kitchen tile flooring has been installed.
- Refrigeration temperatures were all at proper regulatory requirements.
- Hand wash sinks were properly stocked.
- Steam table temperatures were measured above 135°F.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
	Reinspection Date (on or after): <u>2/4/2009</u> <input type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Troy Hommerding

Environmental Health Specialist

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	BUSINESS PHONE: (559) 992-2356	RECORD ID#: PR0005637	DATE: May 09, 2008
FACILITY SITE ADDRESS: 1825 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: LORENA H BANUELOS	CERTIFIED FOOD HANDLER: LORENA BANUELOS	EXP DATE: 9/11/2008	INSPECTOR: Lee Johnson

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

Description/Corrective Action:

General Comments:

All issues from the previous inspection have been corrected. 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): N/A <input type="checkbox"/> Potential Food Safety All Star:

Lee Johnson

Signature: _____

Lee Johnson
Environmental Health Officer

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: MARISCOS EL CAPITAN	BUSINESS PHONE: (559) 992-2356	RECORD ID#: PR0005637	DATE: August 21, 2007
FACILITY SITE ADDRESS: 1825 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: LORENA H BANUELOS	CERTIFIED FOOD HANDLER: LORENA BANUELOS	EXP DATE: 9/11/2008	INSPECTOR: Lee Johnson

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
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Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The walk-in refrigerator measured 45F. Please service to maintain 41 or less at all times.
Provide bulb cover to light bulb.


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

Description/Corrective Action: Kitchen hand wash station still lacks an appropriate hand soap. Please provide. Dish soap is too strong for skin and is not acceptable.

General Comments:

Except as noted above all violations from the 7/19/07 report have been corrected.

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


Signature: _____

Lee Johnson
Environmental Health Officer

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