



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: NAPOLES BAKERY	BUSINESS PHONE: (559) 992-3983	RECORD ID#: PR0000132	DATE: December 15, 2009
FACILITY SITE ADDRESS: 1045 DORAN AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MARIO & RICHARD MEDINA	CERTIFIED FOOD HANDLER: RICHARD MEDINA	EXP DATE: 5/23/2009	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: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Old rodent droppings (not recent) were noted in the soda fountain cabinets. Clean up droppings and sanitize. Place traps and monitor for new rodents.

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

Description/Corrective Action: Raw burger patties were stored in the refrigerator on the second shelf, above lettuce. Store raw meats on bottom shelf so that they cannot contaminate other foods.

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

Description/Corrective Action: Please provide paper towels to both restrooms. Soap and hot water are present. Also, provide paper towels to kitchen sink. Replace bar soap with liquid hand soap.

General Comments:

All hot, cold, and cooking temperatures checked today were satisfactory. Please fax current food safety certification to our office.

Thank you.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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> </u> N/A <input type="checkbox"/> Potential Food Safety All Star:

Lee Johnson - REHS

Received By: _____

Agency Representative

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



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: NAPOLES BAKERY	BUSINESS PHONE: (559) 992-3983	RECORD ID#: PR0000132	DATE: May 27, 2009
FACILITY SITE ADDRESS: 1045 DORAN AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MARIO & RICHARD MEDINA	CERTIFIED FOOD HANDLER: RICHARD MEDINA	EXP DATE: 5/23/2009	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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Please repair the sink in the women's restroom to provide hot and cold running water as soon as possible. Please provide paper towels and liquid hand soap to the kitchen (dish soap is not appropriate for hand washing).

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

Description/Corrective Action: The reach in refrigerator in the kitchen measured 45F. Please adjust to maintain 41F or less at all times.

General Comments:

Please call when the sink is repaired. All other temps checked today were good. Thank you.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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 - REHS

Received By: _____

Agency Representative

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



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: NAPOLES BAKERY	BUSINESS PHONE: (559) 992-3983	RECORD ID#: PR0000132	DATE: February 12, 2008
FACILITY SITE ADDRESS: 1045 DORAN AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MARIO & RICHARD MEDINA	CERTIFIED FOOD HANDLER: RICHARD MEDINA	EXP DATE: 5/23/2009	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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Bakery hand wash sink did not have paper towels, please restock.

Violation: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Restroom did not have paper towels, please restock.

Violation: LACK OF OR IMPROPER USE OF THERMOMETERS [HSC 114157-114159]

Description/Corrective Action: Facility did not have a probe type thermometer, please obtain one for monitoring hot holding, cooking, and cold holding temperatures.

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

Description/Corrective Action: Protective light cover is missing over the kitchen area.
Grease hood filters need cleaning as well as the hood area.

General Comments:

All cold holding temperatures were at the proper regulatory requirements.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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> </u> N/A <input type="checkbox"/> Potential Food Safety All Star:



Signature:

Troy Hommerding
Environmental Health Officer

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