



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 07, 2011
FACILITY SITE ADDRESS: 1045 DORAN AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: 1ST FOLLOW UP 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: None Noted

General Comments:

All issues from last month's 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): <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: NAPOLES BAKERY	BUSINESS PHONE: (559) 992-3983	RECORD ID#: PR0000132	DATE: April 11, 2011
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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Please install light bulb cover on kitchen ceiling fixture.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: The kitchen vent hood filters are in need of cleaning. Also the ceiling of the walk in has accumulated lint that requires removal.

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

Description/Corrective Action: The kitchen sink and restroom sink lacked paper towels. The bakery sink lacked soap. Please keep all sinks stocked with liquid hand soap and paper towels at all times.

General Comments:

All hot and cold temperatures checked today were satisfactory. 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:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: NAPOLES BAKERY	BUSINESS PHONE: (559) 992-3983	RECORD ID#: PR0000132	DATE: May 18, 2010
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-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 clean the grease hood filters, grease accumulation was noted, repair the drain line on the wash sink, drain line was noted leaking waste water. Shatter proof light covers are required on all over head lights in the kitchen area, please provide light covers for the kitchen.

General Comments:

All cold holding temperatures were satisfactory.

Please correct the noted violations.

RESULTS OF EVALUATION: [] PASS [X] NEEDS IMPROVEMENT [] FAIL

Reinspection Required: Yes: [] No: [X]

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

[Handwritten Signature]

Received By:

Troy Hommerding-REHS

Agency Representative

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