



County of Kings - Department of Public Health

Environmental Health Services Division

330 Campus Drive Hanford, CA 93230

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Internet - www.countyofkings.com/health/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: EL MICHOACANO RESTAURANT	BUSINESS PHONE: (559) 585-1958	RECORD ID#: PR0008408	DATE: February 16, 2011
FACILITY SITE ADDRESS: 509 E SEVENTH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HECTOR & SILVIA RIOS	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Kimberly Marquez

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: Observed large hole in back door by screen area. Please fix to prevent unwanted pests from entering facility.

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

Description/Corrective Action: Observed raw frozen meat uncovered in reach-in freezer silting on shelf, cooked ground beef in reach-in refrigerator by service line to be uncovered, salsa and beans uncovered in -reach in cold holding unit. Please cover all food to prevent cross-contamination.

Observed ice scooper was buried inside ice located in soda machine. Please put ice scooper in separate container.

General Comments:

All hot, cold, and final cooking food temperatures monitored today were satisfactory.

Hand wash station was fully stocked with soap, paper towels and hot running water.

Recommend keeping daily log temperatures for practicing food safety to ensure food is meeting expectations.

Food handlers certification not available at time of inspection provide proof to the Department within 30 days.

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: _____
[Signature]

_____ *Kimberly Marquez*
Agency Representative

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