



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: LA FIESTA EXPRESS	BUSINESS PHONE: (559) 583-1693	RECORD ID#: PR0000331	DATE: September 28, 2010
FACILITY SITE ADDRESS: 1750 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CONSUELO OLIVERA	CERTIFIED FOOD HANDLER: ARTURO VELAZQUEZ	EXP DATE: 7/9/2010	INSPECTOR: Susan Lee-Yang - 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: Observed non-approved fryer present in facility. Please remove equipment immediately from facility. Only commercial approved equipments (UL, NSF) are approved for use. Please get the Department's approval prior to bringing in new equipments into the facility.

Observed several ceiling tiles and screens missing. Please replace.

Violation: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: Facility does not have a valid certified food handler at this site. Please submit proof within 30 days that someone from this location has taken and passed a certified food handler exam. As a reminder, the certified food handler cannot be the same for both locations.

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

Description/Corrective Action: Observed numerous food products (rice, beans, and cheese) inside walk-in refrigerator without covers. Please cover food products to prevent possible contamination.

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

Description/Corrective Action: Observed inside of microwave with food debris. Observed floor drain by mop sink with trash accumulation. Please clean equipments and floor on daily basis.

General Comments:

Hand wash station and restroom had hot water, soap, and paper towels.

All cold holding units were noted below 41° F.

Beans, chicken, and carne asada on the steam table were noted above 135° F.

Observed operator wearing single-use disposable gloves. Remember that wearing gloves does not substitute for proper hand washing.

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



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OWNER NAME: CONSUELO OLIVERA	CERTIFIED FOOD HANDLER: ARTURO VELAZQUEZ	EXP DATE: 7/9/2010	INSPECTOR: Susan Lee-Yang - REHS

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RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Susan Lee-Yang - REHS

Agency Representative

Received By:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LA FIESTA EXPRESS	BUSINESS PHONE: (559) 583-1693	RECORD ID#: PR0000331	DATE: January 28, 2010
FACILITY SITE ADDRESS: 1750 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CONSUELO OLIVERA	CERTIFIED FOOD HANDLER: ARTURO VELAZQUEZ	EXP DATE: 7/9/2010	INSPECTOR: Yatee Patel - 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: Separate raw meats from previously cooked items and store at the lowest point of the refrigerator.

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

Description/Corrective Action: Restock paper towel dispenser. Operator stated that the dispenses need keys that the owner has to provide them to refill.

General Comments:

Heat potentially hazardous foods to at least 165° F in a microwave before placing in in the hot holding unit and then hold at 135° F or higher.

All cold holding foods measured 41°F . All hot foods measured > 135° F.

Use 10% bleach solution to sanitize dishes.

Facility uses Terminex for pest Control Services.

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:

Evela Mondago

Received By: _____

Yatee Patel - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LA FIESTA EXPRESS	BUSINESS PHONE: (559) 583-1693	RECORD ID#: PR0000331	DATE: June 30, 2009
FACILITY SITE ADDRESS: 1750 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CONSUELO OLIVERA	CERTIFIED FOOD HANDLER: ARTURO VELAZQUEZ	EXP DATE: 7/9/2010	INSPECTOR: Yatee Patel - 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 PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]

Description/Corrective Action: Observed the reach-in where the salsa bar is leaking. Please repair leak.

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

Description/Corrective Action: General housekeeping needs improvement, including walls, floors and equipment.

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

Description/Corrective Action: The 3 compartment sink for sanitizing utensils measured 50 ppm of bleach concentration. Maintain the concentration of 100ppm at all times to work effectively.

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

Description/Corrective Action: The facility did not have a probe-type thermometer on hand for food temperature monitoring. Purchase the required thermometer and maintain it onsite at all times.

Violation: VERMIN INFESTATION [HSC 114259.1]

Description/Corrective Action: Live cockroaches were observed at the facility near the walk-in freezer. You must contact a pest control operator immediately and keep the service for regular treatments. Fax a receipt of the PCS by tomorrow July 1st 2009 - 5pm.

General Comments:

Hot & cold foods measured satisfactory.
Contact Pest Control Services immediately.
Stir beans frequently to avoid anaerobic conditions.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): 7/30/2009

Potential Food Safety All Star:

Erika Mendoza

Yatee Patel - REHS

Received By:

Agency Representative

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