



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: MACCAGNO'S BAKERY	BUSINESS PHONE: (559) 582-0458	RECORD ID#: PR0000464	DATE: April 20, 2012
FACILITY SITE ADDRESS: 329 W SEVENTH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: SANTIAGO TAVAREZ	CERTIFIED FOOD HANDLER: CARINA MENDOZA	EXP DATE: 1/25/2016	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: OTHER PERMIT VIOLATION

Description/Corrective Action: Observed no employee's with food handler cards. Please provide no later than July 1, 2012.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT

[HSC 114161-114182 & 114257]

Description/Corrective Action: REPEAT: Observed dish sink not secure and leaking. Please fix.

Violation: VERMIN INFESTATION

[HSC 114259.1]

Description/Corrective Action: REPEAT: Observed several areas of rat feces along corners of wall and behind equipment near washer machine. Last pest service was 3-20-12 by Classic Pest Control material used was cyonara 9.7 which is used to treat insects. Please contact provider and ask for facility to be treated for rodents.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES

[HSC 113953 - 113593.2]

Description/Corrective Action: Observed paper towels; however not on dispenser. Please provide dispenser to prevent cross contamination.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S)

[HSC 113996]

Description/Corrective Action: REPEAT: Observed walk in refrigerator ambient temperature noted at 55F. Please fix immediately.

General Comments:

A follow-up re-inspection was performed today of this facility to verify compliance with required corrective actions for violations noted on the last routine inspection or re-inspection. The following was noted during today's: dead rodent was removed from walk in refrigerator and feces was cleaned, sanitizer test strips available, and doors were closed where large gaps were present.

There are still several areas of opportunities. Please fix noted violations.

A 2nd re-inspection will be performed to verify compliance with today's noted violations and the facility will be assessed \$220. Should additional re-inspections be required, the facility will be assessed an additional \$220 per inspection. A 2nd re-inspection will be conducted on or after April 30, 2012

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



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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.

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>4/30/2012</u> <input type="checkbox"/> Potential Food Safety All Star:
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Santiago Tavaréz

Kimberly Marquez

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: MACCAGNO'S BAKERY	BUSINESS PHONE: (559) 582-0458	RECORD ID#: PR0000464	DATE: April 06, 2012
FACILITY SITE ADDRESS: 329 W SEVENTH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SANTIAGO TAVAREZ	CERTIFIED FOOD HANDLER: CARINA MENDOZA	EXP DATE: 1/25/2016	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 dish sink leaking. Please fix.

Observed no sanitizer test strips available. Please provide to ensure proper sanitizer levels.

Violation: VERMIN INFESTATION [HSC 114259.1]

Description/Corrective Action: Observed dead rat in walk in refrigerator which is not working but is used to store shelving and equipment.
Observed rat feces along corner of walls and under or around equipment. Please clean and sanitize area.
Please provide current pest control report.

Violation: IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: Observed large gap under doors and holes. Please fix to prevent pests from entering facility.

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

Description/Corrective Action: Observed 3 hand sinks with no paper towels and or soap. Please keep all hand sinks fully stocked with soap and paper towels.

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

Description/Corrective Action: Observed walk in refrigerator noted at 47.3F. Please fix.

Violation: OTHER PERMIT VIOLATION

Description/Corrective Action: Please provide food handler cards for all employees who work at facility no later than July 1, 2012.

General Comments:

A re-inspection will be performed at no charge to verify compliance with today's noted violations. Should additional re-inspections be required, the facility will be assessed \$220 per inspection. A re-inspection will be conducted on or after April 19, 2012.

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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>4/19/2012</u> <input type="checkbox"/> Potential Food Safety All Star:
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Monica Gurney

Received By:

Kimberly Marquez

Agency Representative

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