



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

<b>FACILITY NAME:</b> EL RANCHO CARNICERIA	<b>BUSINESS PHONE:</b> (559) 924-5423	<b>RECORD ID#:</b> PR0005980	<b>DATE:</b> February 18, 2010
<b>FACILITY SITE ADDRESS:</b> 335 HEINLEN ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> PATRICIA GONZALEZ	<b>CERTIFIED FOOD HANDLER:</b> PATRICIA GONZALEZ	<b>EXP DATE:</b> 10/22/2014	<b>INSPECTOR:</b> Veronica Santa Cruz-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 many holes in the ceiling which exposes wood which is not permitted. This violation needs to be corrected as soon as possible. A re-inspection will take place to determine if this violation has been corrected.

**Violation:** IMPROPER LABELING OF PREPACKAGED FOODS [HSC 114089-114090]

**Description/Corrective Action:** Observed shrimp cocktail and chili sauce not labeled. Please make sure all packaged items have a label indicating the product name, weight, ingredients and the business name. This violation has been noted on previous inspection reports.

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

**Description/Corrective Action:** The handwash station was not stocked with hand soap or paper towels. Also, the restroom was not stocked with paper towels. Please make sure all handwash facilities are stocked with hand soap, paper towels, and hot water.

**General Comments:**

A re-inspection has been scheduled to place on or after May 18, 2010 to determine if the noted violations have been corrected. This re-inspection will be free of charge; however, if another re-inspection must occur, the facility will be billed \$220 per re-inspection.

**RESULTS OF EVALUATION:**  PASS  NEEDS IMPROVEMENT  FAIL

**Reinspection Required:** Yes:  No:

**Reinspection Date (on or after):** N/A

Potential Food Safety All Star:

Received By:

Veronica Santa Cruz-REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> EL RANCHO CARNICERIA	<b>BUSINESS PHONE:</b> (559) 685-1546	<b>RECORD ID#:</b> PR0005980	<b>DATE:</b> August 14, 2009
<b>FACILITY SITE ADDRESS:</b> 335 HEINLEN ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> PATRICIA GONZALEZ	<b>CERTIFIED FOOD HANDLER:</b> PATRICIA GONZALEZ	<b>EXP DATE:</b> 8/23/2009	<b>INSPECTOR:</b> Veronica Santa Cruz

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 missing tiles in the meat area. Please repair/replace tiles within the next routine inspection.

**Violation:** IMPROPER LABELING OF PREPACKAGED FOODS [HSC 114089-114090]

**Description/Corrective Action:** Observed chili sauce not labeled. Please label the products the facility packages with the name of the facility, the ingredients the product contains, and weight of product.

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

**Description/Corrective Action:** Handwash station by meat area was not stocked with soap and paper towels. Please make sure to have all handwash stations stocked with soap and paper towels.

**General Comments:**

All cold holding units measured at 41° F or below.  
Facilities merchandise is organized.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

*Patricia Gonzalez*

Veronica Santa Cruz

Received By: \_\_\_\_\_

Agency Representative

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<b>FACILITY NAME:</b> EL RANCHO CARNICERIA	<b>BUSINESS PHONE:</b> (559) 685-1546	<b>RECORD ID#:</b> PR0005980	<b>DATE:</b> February 19, 2009
<b>FACILITY SITE ADDRESS:</b> 335 HEINLEN ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> PATRICIA GONZALEZ	<b>CERTIFIED FOOD HANDLER:</b> PATRICIA GONZALEZ	<b>EXP DATE:</b> 8/23/2009	<b>INSPECTOR:</b> Veronica Santa Cruz

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 LABELING OF PREPACKAGED FOODS [HSC 114089-114090]

**Description/Corrective Action:** Various candies and chili sauces did not have proper labels. Make sure all products made by the facility have the facility's name, the name of the product, weight of the product, and the product ingredients.

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

**Description/Corrective Action:** Handwash station in the meat area was not stocked with soap and paper towels. Please have all handwash stations stocked with soap and paper towels at all times.

**General Comments:**

All cold holding units measured at or below 41°F. The restroom was well maintained. Facility, is in satisfactory operating condition.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> N/A <input type="checkbox"/> Potential Food Safety All Star:

Received By: \_\_\_\_\_

Veronica Santa Cruz

Agency Representative

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