



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: MEDINA'S KITCHEN	BUSINESS PHONE: (559) 924-9163	RECORD ID#: PR0000462	DATE: January 11, 2012
FACILITY SITE ADDRESS: 329 FOX ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JORGE MEDINA	CERTIFIED FOOD HANDLER: VIRGINIA MEDINA	EXP DATE: 7/19/2016	INSPECTOR: 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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: The restroom was not stocked with paper towels during today's inspection. Please make sure all hand wash stations are stocked at all times.

General Comments:

Cold holding units measure at or below 41°F.
Beans and potatoes on the steam table measured above 135°F.
As a reminder, please make sure all employees obtain a food handler and keep copies of the certificate at the facility.

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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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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

FACILITY NAME: MEDINA'S KITCHEN	BUSINESS PHONE: (559) 924-9163	RECORD ID#: PR0000462	DATE: July 14, 2011
FACILITY SITE ADDRESS: 329 FOX ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JORGE MEDINA	CERTIFIED FOOD HANDLER: JORGE L. MEDINA	EXP DATE: 2/23/2011	INSPECTOR: 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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The facility's manager's certified food handler has expired. Someone from the facility will be taking the exam today. Please fax or mail a copy of the certificate once it has been obtained.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The leak at the three compartment sink must be repaired.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.
Beans on the steam table measured at 143° F.
Cold holding units storing potentially hazardous foods measured at or below 41°F.

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:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: MEDINA'S KITCHEN	BUSINESS PHONE: (559) 924-9163	RECORD ID#: PR0000462	DATE: January 19, 2011
FACILITY SITE ADDRESS: 329 FOX ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JORGE MEDINA	CERTIFIED FOOD HANDLER: JORGE L. MEDINA	EXP DATE: 2/23/2011	INSPECTOR: 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: The facility's two compartment sink was observed leaking water from the faucet and was observed detaching from the wall.
Please fix the issues with the two compartment sink as soon as possible.

General Comments:

Hand wash station and restroom were stocked with soap, hot water, and paper towels.
Cold holding units measured at or below 41°F.
Potatoes and beans measured above 155° F on the steam table.

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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By: _____

Veronica Santa Cruz-REHS
Agency Representative

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