



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: REYNA'S RESTAURANT	BUSINESS PHONE: (559) 925-9125	RECORD ID#: PR0000474	DATE: December 08, 2011
FACILITY SITE ADDRESS: 333 E ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: REYNA SALAS	CERTIFIED FOOD HANDLER: ARACELY SALAS	EXP DATE: 9/2/2013	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 THAWING OF FROZEN FOODS [HSC 114020]

Description/Corrective Action: Observed raw meat being thawed in ambient temperature. All frozen foods must be thawed either under cool running water, in a refrigerator, during the cooking process or in the microwave.

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

Description/Corrective Action: The flooring in the kitchen area has been replaced with quarry tile; however, the back prep area also needs to have the flooring replaced as well.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.
All cold holding units measured at satisfactory temperatures.
The mechanical dishwasher's chlorine level measured above 50 ppm.
All food items on the steam table measured well above 135°F.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Reyna Salas

Veronica Santa Cruz-REHS

Received By:

Agency Representative

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



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Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD HANDLER, EXP DATE, INSPECTOR.

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 men's restroom hand wash sink does not have cold running water. However, the hot water nozzle is producing warm water for hand washing. Please repair the cold water nozzle and increase the water heat so that hotter water flows out of the hot water nozzle.

Violation: OTHER PERMIT VIOLATION

Description/Corrective Action: The facility needs to have the floor in the kitchen replaced by the next routine inspection. Please consult with our department prior to doing so.

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

Description/Corrective Action: The facility currently has a wooden table that is used to prepare food. Please place an easily cleanable surface on the wooden portion of the table, such as stainless steel. Wooden surfaces are not easily cleanable because wood allows for liquids to penetrate through. The facility's three compartment sink needs to have a faucet that reaches all three compartments.

General Comments:

Foods on the hot holding table measured at or above 135°F. Cold holding units measured at or below 41°F. The mechanical dishwasher's chlorine level measured above 50 ppm.

Our department would recommend documenting cooking and hot holding food temperatures.

RESULTS OF EVALUATION: [X] PASS [] NEEDS IMPROVEMENT [] FAIL

Reinspection Required: Yes: [] No: [X]

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

Handwritten signature of the inspector.

Received By:

Veronica Santa Cruz-REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: REYNA'S RESTAURANT	BUSINESS PHONE: (559) 925-9125	RECORD ID#: PR0000474	DATE: September 24, 2010
FACILITY SITE ADDRESS: 333 E ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: REYNA SALAS	CERTIFIED FOOD HANDLER: REYNA SALAS	EXP DATE: 8/3/2013	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: None Noted

General Comments:

This re-inspection took place to determine if the mechanical dishwasher was repaired. The dishwasher was checked and the chlorine measured at 50 ppm. Thank your for repairing the dishwasher.

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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Veronica Santa Cruz-REHS

Received By:

Agency Representative

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