



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: TRINITY JUSTO BAKERY & DELI	BUSINESS PHONE: (559) 924-4601	RECORD ID#: PR0006300	DATE: December 08, 2011
FACILITY SITE ADDRESS: 245 E ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ISABELO & ELSA JUSTO	CERTIFIED FOOD HANDLER: ELSA P. JUSTO	EXP DATE: 5/12/2015	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 LABELING OF PREPACKAGED FOODS [HSC 114089-114090]

Description/Corrective Action: Several prepackaged baked goods were observed unlabeled; however, the facility did have labels to place on the baked items. Please make sure to place the labels on all prepackaged goods before they are displayed for the public to purchase.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.
Cold holding units measured at or below 41°F.
Food items on the steam table measured between 150-160°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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By: *Isabelo Justo*

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: TRINITY JUSTO BAKERY & DELI	BUSINESS PHONE: (559) 924-4601	RECORD ID#: PR0006300	DATE: May 25, 2011
FACILITY SITE ADDRESS: 245 E ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ISABELO & ELSA JUSTO	CERTIFIED FOOD HANDLER: ELSA P. JUSTO	EXP DATE: 5/12/2015	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: Please make sure to routinely clean all equipment and floors to prevent an accumulation of food debris/dust.

Also, please place an anti-siphon device on the mop sink faucet.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.
Cold holding units storing potentially hazardous foods measured at or below 41°F.
Fish on the steam table measured at 136° 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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By: _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TRINITY JUSTO BAKERY & DELI	BUSINESS PHONE: (559) 924-4601	RECORD ID#: PR0006300	DATE: November 18, 2010
FACILITY SITE ADDRESS: 245 E ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ISABELO & ELSA JUSTO	CERTIFIED FOOD HANDLER: ELSA P. JUSTO	EXP DATE: 5/12/2015	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: Please make sure to clean underneath and behind the deep fat fryer to avoid an accumulation of grease.

Violation: IMPROPER LABEL FOR FOOD OR FOOD ADDITIVE THAT INCLUDES FAT.

Description/Corrective Action: Please make sure to label all of the baked goods the facility pre-packages. Include: products name, ingredients in descending order, and facility's name with address and phone number.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.
 Cold holding units measured at or below 41° F.
 Items on the steam table except, for Tinapa, measured above 135° F.

The food item, Tinapa, is going to be tested by our department to determine if the food item can be considered non potentially hazardous. Until our department notifies the operator of the facility, the food item cannot be held/stored at room temperature. Please store the Tinapa in the reach-in refrigerator until further notice and serve (re-heat) when a customer asks for it.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

[Handwritten Signature]

Received By:

Veronica Santa Cruz-REHS

Agency Representative

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