



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: LA FUENTE MARKET #3	BUSINESS PHONE: (559) 947-9318	RECORD ID#: PR0000374	DATE: August 10, 2011
FACILITY SITE ADDRESS: 20374 MAIN ST	CITY: STRATFORD	ZIP CODE: 93266	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JUAN A ZEPEDA	CERTIFIED FOOD HANDLER: MICAELA ZEPEDA	EXP DATE: 10/28/2013	INSPECTOR: Lee Johnson - 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:

Except for a small amount of work that remains on the floor tile, all items from the 7/6 inspection have been corrected. Please finish and properly clean all flooring work.

Thank you.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Aide R

Received By:

Lee Johnson - 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: LA FUENTE MARKET #3	BUSINESS PHONE: (559) 947-9318	RECORD ID#: PR0000374	DATE: July 06, 2011
FACILITY SITE ADDRESS: 20374 MAIN ST	CITY: STRATFORD	ZIP CODE: 93266	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JUAN A ZEPEDA	CERTIFIED FOOD HANDLER: MICAELA ZEPEDA	EXP DATE: 10/28/2013	INSPECTOR: Lee Johnson - 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: Areas of damaged ceiling and floor tiles in the kitchen area must be repaired.

Light bulb covers or sleeves must be provided to all lighting in the kitchen area.

Burned out light bulbs in the restroom area must be replaced to provide adequate lighting.

The sign on the restroom door directing customers to not put paper in the toilet must be removed. Disposal of used toilet paper MUST occur only in the toilet, not in the trash can. If the current plumbing system can not handle toilet paper, the system must be repaired, or a thinner style of toilet paper must be used. Only used paper towels should go in the trash can.

The interior of the microwave is in need of cleaning.

General Comments:

All hot and cold temperatures checked today were satisfactory. No cooking is permitted or occurring. Food is transported pre-cooked from the Corcoran store due to lack of a cooking ventilation hood.

Thank you.

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): 8/8/2011 <input type="checkbox"/> Potential Food Safety All Star:
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Aide R.

Received By: _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LA FUENTE MARKET #3	BUSINESS PHONE: (559) 947-9318	RECORD ID#: PR0000374	DATE: November 16, 2010
FACILITY SITE ADDRESS: 20374 MAIN ST	CITY: STRATFORD	ZIP CODE: 93266	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JUAN A ZEPEDA	CERTIFIED FOOD HANDLER: MICAELA ZEPEDA	EXP DATE: 10/28/2013	INSPECTOR: Lee Johnson - 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 EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: Several flies were noted inside the facility. Please trap appropriately or otherwise exclude.

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

Description/Corrective Action: Please repair/replace/install damaged or missing floor tiles.

Violation: IMPROPER REHEATING PROCEDURES FOR HOT HOLDING [HSC 114016]

Description/Corrective Action: Tamales in the steam table measured 90F this morning. Please reheat in microwave to 165F prior to placing in the steam table.

General Comments:

Except as noted above all hot and cold temperatures checked today were satisfactory. Food is brought over daily from La Fuente Market in Corcoran. No cooking other than microwave is permitted at this facility.

Thank you.

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:

Aide R

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