



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> TAQUERIA FERRER	<b>BUSINESS PHONE:</b> (559) 589-0252	<b>RECORD ID#:</b> PR0005973	<b>DATE:</b> October 08, 2010
<b>FACILITY SITE ADDRESS:</b> 10891 14TH AVE	<b>CITY:</b> ARMONA	<b>ZIP CODE:</b> 93202	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JOSE FERRER	<b>CERTIFIED FOOD HANDLER:</b> JOSE FERRER	<b>EXP DATE:</b> 3/24/2015	<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: None Noted

General Comments:

Hand wash station and restroom were stocked with soap, paper towels, and hot water.  
Walk-in refrigerator measured at 41°F.  
Beans, rice, carne asada, and chilli rellenos measured above 135°F on the steam table.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

*Roberto Calderón*

*Veronica Santa Cruz-REHS*

Received By:

Agency Representative

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



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<b>FACILITY NAME:</b> TAQUERIA FERRER	<b>BUSINESS PHONE:</b> (559) 589-0252	<b>RECORD ID#:</b> PR0005973	<b>DATE:</b> March 23, 2010
<b>FACILITY SITE ADDRESS:</b> 10891 14TH AVE	<b>CITY:</b> ARMONA	<b>ZIP CODE:</b> 93202	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JOSE FERRER	<b>CERTIFIED FOOD HANDLER:</b> J. Ferrer	<b>EXP DATE:</b> 3/22/2009	<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:** NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

**Description/Corrective Action:** The facility's certified foodhandler has expired. This same violation was noted on the last inspection report. The employee in charge stated that someone for the facility has taken the exam and could not pass it. If this employee cannot pass the exam, please have someone else from the facility take and pass the exam within 60 days. Once the certified foodhandler certificate is obtained, please fax or mail a copy to our department.

**Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Observed an employee washing utensils incorrectly. During their inspection, the operator was taught to warewash by doing the following: wash utensils with warm water and dish soap, rinse utensils with warm water, and then sanitize utensils with either a quat sanitizer or chlorine sanitizer.

**General Comments:**

Handwash station and restroom were stocked with soap, paper towels, and hot water.  
Beans in the walk-in refrigeration unit measured at 38° F.  
Carne asada and beans on the steam table measured well above 135°F.

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

*Roberto Calderon*

*Veronica Santa Cruz-REHS*

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> TAQUERIA FERRER	<b>BUSINESS PHONE:</b> (559) 582-6907	<b>RECORD ID#:</b> PR0005973	<b>DATE:</b> September 09, 2009
<b>FACILITY SITE ADDRESS:</b> 10891 14TH AVE	<b>CITY:</b> ARMONA	<b>ZIP CODE:</b> 93202	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JOSE FERRER	<b>CERTIFIED FOOD HANDLER:</b> J. Ferrer	<b>EXP DATE:</b> 3/22/2009	<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:** NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

**Description/Corrective Action:** Facility currently does not have a valid certified handler. Owner indicated he would be taking the test this afternoon. Please fax, mail, or submit a copy to our department of the certified foodhandlers certificate when one has been obtained.

**General Comments:**

Items on the steam table (meat and beans) measured at 157°F and above.  
Beans, rice, and chili verde measured at 38°F in the walk-in refrigerator.  
Handwash station was stocked with soap, paper towels, and hot water.

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

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

Veronica Santa Cruz

Agency Representative

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