



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: TAQUERIA FERRER	BUSINESS PHONE: (559) 582-6907	RECORD ID#: PR0005973	DATE: September 09, 2009
FACILITY SITE ADDRESS: 10891 14TH AVE	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOSE FERRER	CERTIFIED FOOD HANDLER: J. Ferrer	EXP DATE: 3/22/2009	INSPECTOR: 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.

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:

Received By: _____

Veronica Santa Cruz

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TAQUERIA FERRER	BUSINESS PHONE: (559) 582-6907	RECORD ID#: PR0005973	DATE: March 10, 2009
FACILITY SITE ADDRESS: 10891 14TH AVE	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: JOSE FERRER	CERTIFIED FOOD HANDLER: J. Ferrer	EXP DATE: 3/22/2009	INSPECTOR: Susan Lee-Yang - 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:

A re-inspection was performed today to verify corrective measures were completed for violations noted on the previous routine inspection. The following was noted:

Observed hot water available in restroom hand wash station.

All required corrections were completed. Your cooperation in this matter has been appreciated.

In order to be considered for the Department issued Food Safety All-Star Award, the facility needs to implement a food temperature control monitoring program or complete Health Department designed facility self-evaluation reports. Please keep in mind that other food safety criteria must also be met in order to qualify for the award.

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:

Roberto Calderon

Susan Lee-Yang - REHS

Received By: _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TAQUERIA FERRER	BUSINESS PHONE: (559) 582-6907	RECORD ID#: PR0005973	DATE: March 03, 2009
FACILITY SITE ADDRESS: 10891 14TH AVE	CITY: ARMONA	ZIP CODE: 93202	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JOSE FERRER	CERTIFIED FOOD HANDLER: J. Ferrer	EXP DATE: 3/22/2009	INSPECTOR: Susan Lee-Yang - 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 HANDWASHING PROCEDURES BY FOODHANDLERS [HSC 113953-113953.4]

Description/Corrective Action: Hand wash station in restroom did not have hot water. Please call for service to make sure hot water is available. A re-inspection will be performed on or after Thursday, March 5, 2009. In the meantime, please use hand wash station that has hot water available.

General Comments:

Observed hand wash station and restroom fully stocked with soap and paper towels.

Chili verde inside walk-in refrigerator was noted at 37°F .

Hot potentially hazardous foods (rice, beans, pork, chili verde) on the steam table were noted above 135°F.

*Reminder: Your Certified Food Handler Certificate expires on March 22, 2009 . Please fax/submit copy of your updated certificate to our Department asap.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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>3/5/2009</u> <input type="checkbox"/> Potential Food Safety All Star:

Roberto Calderon

Susan Lee-Yang - REHS

Received By:

Agency Representative

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