



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> LA CARRETA RESTAURANT	<b>BUSINESS PHONE:</b> (559) 386-0337	<b>RECORD ID#:</b> PR0000616	<b>DATE:</b> September 16, 2009
<b>FACILITY SITE ADDRESS:</b> 829 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MARCOS MONTOYA	<b>CERTIFIED FOOD HANDLER:</b> MARCOS MONTOYA	<b>EXP DATE:</b> 9/25/2010	<b>INSPECTOR:</b> Troy Hommerding-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:

Steam table hot holding temperatures were measured above 135°F.

Refrigeration units were measured at or below 41°F.

Grease hood filters noted on the previous inspection have been cleaned.

Handwash sink in the kitchen was noted properly stocked.

Restrooms were noted properly stocked and clean. No sewer odor was noted today.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

*Marcos Montoya*

Received By:

Troy Hommerding-REHS

Agency Representative

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



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<b>FACILITY NAME:</b> LA CARRETA RESTAURANT	<b>BUSINESS PHONE:</b> (559) 386-0337	<b>RECORD ID#:</b> PR0000616	<b>DATE:</b> March 24, 2009
<b>FACILITY SITE ADDRESS:</b> 829 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MARCOS MONTOYA	<b>CERTIFIED FOOD HANDLER:</b> MARCOS MONTOYA	<b>EXP DATE:</b> 9/25/2010	<b>INSPECTOR:</b> 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:** The vent hood and filters are in need of cleaning. Please clean.

A sewer gas odor was noted in the women's restroom. No obvious source was found.

**General Comments:**

All hot cold temps checked today were satisfactory, as were general food handling practices. Thank you.

<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:

Lee Johnson - REHS

Agency Representative

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<b>FACILITY NAME:</b> LA CARRETA RESTAURANT	<b>BUSINESS PHONE:</b> (559) 386-0337	<b>RECORD ID#:</b> PR0000616	<b>DATE:</b> September 22, 2008
<b>FACILITY SITE ADDRESS:</b> 829 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> AGRIPINA PIZANA	<b>CERTIFIED FOOD HANDLER:</b> MARCOS MONTOYA	<b>EXP DATE:</b> 9/25/2010	<b>INSPECTOR:</b> Troy Hommerding

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:

Restrooms were both well stocked and clean.

Refrigeration unit measured at 41°F .

Hand wash sink was noted stocked.

<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: \_\_\_\_\_

Troy Hommerding

Environmental Health Specialist

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