



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 NUEVA REINA | BUSINESS PHONE: (559) 386-0319 | RECORD ID#: PR0005259 | DATE: August 27, 2009 |
| FACILITY SITE ADDRESS: 221 E KINGS ST | CITY: AVENAL | ZIP CODE: 932021532 | INSPECTION TYPE: ROUTINE INSPECTION |
| OWNER NAME: HUMBERTO MARTINEZ | CERTIFIED FOOD HANDLER: HUMBERTO MARTINEZ | EXP DATE: 7/11/2009 | 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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Please provide liquid hand soap to restroom instead of dish soap.

Violation: IMPROPER HOT HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Food in the bulk carnitas hot case ranged from 115 to 125F. Reheat to 165+F in the olla, and return to hot cabinet. Adjust thermostat higher to maintain hot foods 135F or higher. Steam table temps were all greater than 135F.

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

Description/Corrective Action: Please clean the containers holding the plastic spoons, forks, and knives, to remove accumulated debris.

Hood is in the process of being cleaned. Filters have been cleaned but cleaning of the body of the hood remains to be done. Please complete the cleaning this evening and remove significant accumulation of grease.

Meat slicer requires cleaning to remove meat debris.

General Comments:

Thank you.

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

Leonardo Maita

Received By:

Lee Johnson - REHS

Agency Representative

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



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| | | | |
|---|---|---------------------------------|---|
| FACILITY NAME: LA NUEVA REINA | BUSINESS PHONE: (559) 386-0319 | RECORD ID#: PR0005259 | DATE: February 10, 2009 |
| FACILITY SITE ADDRESS: 221 E KINGS ST | CITY: AVENAL | ZIP CODE: 932021532 | INSPECTION TYPE: ROUTINE INSPECTION |
| OWNER NAME: HUMBERTO MARTINEZ | CERTIFIED FOOD HANDLER: HUMBERTO MARTINEZ | EXP DATE: 7/11/2009 | 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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Please provide liquid hand soap instead of dish soap to restroom sink.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Please provide light bulb covers to ceiling fan in freezer room to protect chicharon skins. Also, keep bulk sugar and flour covered when not in use.

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

Description/Corrective Action: Clean the bottom shelf of the display case to remove accumulated liquid and debris. This must be cleaned on a regular basis.

Clean the shelving of the tortilla display racks to remove debris.

Clean the interior of the microwave.

General Comments:

All hot and cold temperatures checked today were satisfactory. New ceramic tile flooring has been installed throughout the facility. Thank you.

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

Humberto Martinez

Received By: _____

Lee Johnson - REHS

Agency Representative

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|---|---|---------------------------------|---|
| FACILITY NAME: LA NUEVA REINA | BUSINESS PHONE: (559) 386-0319 | RECORD ID#: PR0005259 | DATE: December 16, 2008 |
| FACILITY SITE ADDRESS: 221 E KINGS ST | CITY: AVENAL | ZIP CODE: 932021532 | INSPECTION TYPE: ROUTINE INSPECTION |
| OWNER NAME: HUMBERTO MARTINEZ | CERTIFIED FOOD HANDLER: HUMBERTO MARTINEZ | EXP DATE: 7/11/2009 | INSPECTOR: Lee Johnson |

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: All flooring in the facility is badly deteriorated and must be replaced with tile by February 1, 2009. Tile must extend up the walls at least 4 inches up the walls as well. Vinyl or linoleum with rubber top-set coving is not allowed.

The damaged wall and base near the rear door must be repaired. An adequate threshold must be installed at that door as well to prevent the entrance of insects and animals.

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

Description/Corrective Action: The entire facility is very dirty and in need of thorough and regular cleaning, especially beneath, behind, and inside of equipment to remove significant accumulated debris. All flooring, shelves and cabinetry must be cleaned.

General Comments:

Hot and cold temperatures were satisfactory today.

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

EM

Received By: _____

Lee Johnson

Environmental Health Specialist _____

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