



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

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|--|---|---------------------------------|---|
| FACILITY NAME: TRES ROBLES | BUSINESS PHONE: (559) 386-2760 | RECORD ID#: PR0006568 | DATE: November 29, 2011 |
| FACILITY SITE ADDRESS: 816 SKYLINE #A BLVD | CITY: AVENAL | ZIP CODE: 93204 | INSPECTION TYPE: ROUTINE INSPECTION |
| OWNER NAME: MANUEL ROBLES | CERTIFIED FOOD HANDLER: Not Specified | EXP DATE: | INSPECTOR: 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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Please provide paper towels , Paper towels were not observed in the employee restroom.

General Comments:

Facility only has bagged ice and prepackaged ice cream, the ice machine was not operating today and is only used when needed.

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| 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: |
|---|---|

Troy Hommerding-REHS

Received By: _____

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

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|--|---|---------------------------------|---|
| FACILITY NAME: TRES ROBLES | BUSINESS PHONE: (559) 386-2760 | RECORD ID#: PR0006568 | DATE: November 29, 2010 |
| FACILITY SITE ADDRESS: 816 SKYLINE #A BLVD | CITY: AVENAL | ZIP CODE: 93204 | INSPECTION TYPE: ROUTINE INSPECTION |
| OWNER NAME: MANUEL ROBLES | CERTIFIED FOOD HANDLER: Not Specified | EXP DATE: | 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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Please provide paper towels and toilet paper to restroom.

General Comments:

Water sales and baked goods (Huron) only.

Thank you.

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| 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: |

Manuel Robles

Received By:

Lee Johnson - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

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|--|---|---------------------------------|---|
| FACILITY NAME: TRES ROBLES | BUSINESS PHONE: (559) 945-7410 | RECORD ID#: PR0006568 | DATE: November 04, 2009 |
| FACILITY SITE ADDRESS: 816 SKYLINE #A BLVD | CITY: AVENAL | ZIP CODE: 93204 | INSPECTION TYPE: ROUTINE INSPECTION |
| OWNER NAME: MANUEL ROBLES | CERTIFIED FOOD HANDLER: Not Specified | EXP DATE: | 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 paper towels to restroom sink.

General Comments:

Sales of treated water and pre-packaged noni hazardous food only.

Thank you.

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| 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: |

P Robles

Received By: _____

Lee Johnson - REHS

Agency Representative

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