



**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/ehs

**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> LA BOTANA EXPRESS	<b>BUSINESS PHONE:</b> (559) 386-1210	<b>RECORD ID#:</b> PR0010249	<b>DATE:</b> October 17, 2018
<b>FACILITY SITE ADDRESS:</b> 833 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JUANA PEREZ ROBLES	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Abel Simon - 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:**

- The hand wash station was noted to be fully stocked.
- The temperature of all cold holding refrigeration units was noted to be at or below 41°F.
- The temperature of hot holding unit was noted to be at
- The restroom was noted to be fully stocked.
- The general maintenance of the facility was noted to be in satisfactory in condition.
- 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:

*Juana Perez*  
 \_\_\_\_\_  
 Received By:

*Abel Simon - REHS*  
 \_\_\_\_\_  
 Agency Representative

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



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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> LA BOTANA EXPRESS	<b>BUSINESS PHONE:</b> (559) 386-1210	<b>RECORD ID#:</b> PR0010249	<b>DATE:</b> April 05, 2018
<b>FACILITY SITE ADDRESS:</b> 833 SKYLINE BLVD	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JUANA PEREZ ROBLES	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Vikram Manke

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:** Operator did not have a certified food manager certification. Please obtain the certification within 60 days.

**General Comments:**

Hand wash station had soap, paper towels, and warm water supply.  
 Kitchen area was observed in clean condition.  
 Three compartment sink had dish soap, hot water supply and sanitizer supply.  
 Restroom was observed in satisfactory condition.

**RESULTS OF EVALUATION:**  PASS  NEEDS IMPROVEMENT  FAIL

**Reinspection Required:** Yes:  No:

**Reinspection Date (on or after):** N/A

Potential Food Safety All Star:

*J. Perez*

*Vikram Manke*

Received By:

Agency Representative

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