



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

FACILITY NAME: GALLERY CAFE	BUSINESS PHONE: (559) 997-3625	RECORD ID#: PR0009104	DATE: August 01, 2019
FACILITY SITE ADDRESS: 161 E KINGS ST	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: OSVALDO AND JUAN CONTRERAS	CERTIFIED FOOD MANAGER: Osvaldo Contreras	EXP DATE: 12/26/2019	INSPECTOR: Rumi Chhina

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: Observed that the hand washing station was not stocked with soap. Please always keep hand washing station stocked with soap, paper towels and hot water.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Water from a broken swamp cooler was observed running of the roof. Please repair the unit to stop water flow.

Observed that the co2 canisters were not chained. Please always keep them chained in order to prevent tip over.

General Comments:

- Conducted a routine inspection of this facility and noted the following:
- The temperature of the foods in the cold holding units were noted at or below 41F.
 - Restrooms were fully stocked with soap, paper towels and hot water available.
 - Ice machine was in good condition.
 - Sanitizer for 3 compartment sink was available on site.

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:

Received By: _____

Rumi Chhina

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: GALLERY CAFE	BUSINESS PHONE: (559) 997-3625	RECORD ID#: PR0009104	DATE: June 15, 2018
FACILITY SITE ADDRESS: 161 E KINGS ST	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: OSVALDO AND JUAN CONTRERAS	CERTIFIED FOOD MANAGER: Osvaldo Contreras	EXP DATE: 12/26/2019	INSPECTOR: Abel Simon - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
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Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The reach in unit was noted to have water on the bottom of the inside. This was brought to the attention of the owner. Please be sure to have this repaired before the next routine inspection.

The bottom of the floor was noted to be cracked and in need of repairing tiles. There was also other flooring noted to be repaired. This was brought up to the attention of the owner.

The ice scoop was noted to be ice machine. Please be sure to remove the scoop from the ice after every use.

Violation: IMPROPER THAWING OF FROZEN FOODS [HSC 114020]

Description/Corrective Action: Observed bacon in stagnant water. The proper ways to thaw foods is either by leaving it under cold running water, microwaved, directly on to the cooking process, or refrigerated. The food item was put in the refrigerator during the inspection.

Violation: FACILITY DOES NOT HAVE A VALID PERMIT [HSC 114381 (a)]

Description/Corrective Action: Facility was noted to have an outstanding fee on invoice. Owner was made aware of this and must pay today before 4:00 PM. Failure to do so will result in automatic closure.

General Comments:

All temperature units were noted to be with in satisfactory range.

The restroom was noted to be fully stocked.

The hand wash station was noted to be in good condition.

Please repair the above noted violations and pay by today.

Thank you.

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RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Abel Simon - REHS

Received By: _____

Agency Representative _____

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