



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> EL PORTAL DE MI PUEBLO	<b>BUSINESS PHONE:</b> (559) 429-1005	<b>RECORD ID#:</b> PR0010987	<b>DATE:</b> October 13, 2022
<b>FACILITY SITE ADDRESS:</b> 2117 WHITLEY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RAFAEL OJEDA	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> SEM HAR GEBREGZIABIHE

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:**

Upon arriving to the facility during normal business hours, the facility was observed closed. Please contact the department to schedule an inspection at your earliest convenience.

<b>RESULTS OF EVALUATION:</b> <input 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:

*unable to obtain signature*

*SEM HAR GEBREGZIABIHE*

Received By: \_\_\_\_\_

Agency Representative \_\_\_\_\_

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



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<b>FACILITY NAME:</b> EL PORTAL DE MI PUEBLO	<b>BUSINESS PHONE:</b> (559) 429-1005	<b>RECORD ID#:</b> PR0010987	<b>DATE:</b> June 03, 2021
<b>FACILITY SITE ADDRESS:</b> 2117 WHITLEY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RAFAEL OJEDA	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Luis Flores - 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:**

This inspection was performed to verify equipment operability prior to permit approval. The following observations were made:

1. All hot and cold water supply was fully functional at all points of use.
2. A separate handwash sink was installed in the back food prep area as required by the prior site inspection.
3. All refrigeration units and freezer were all monitored to hold approved temperatures.
4. The kitchen exhaust hood was in proper operational condition.
5. Cooking equipment was in place and connected. A portable steam table was not set up at the time of inspection.
6. A copy of a Food Manager certification must be provided to this department within 60 days of submitting a food vending permit application.

<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:

*No signature due to Covid*

Received By: \_\_\_\_\_

*Luis Flores - REHS*

Agency Representative

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FOOD SAFETY EVALUATION REPORT

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD MANAGER, EXP DATE, INSPECTOR.

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:

A pre-inspection of this facility was performed today at the request of the pending business operator. The following observations were made:

- 1. Hot and cold water supply throughout the business was provided and fully functional. Both paper towels and soap dispensers are present at all points of use. Ensure all dispensers are stocked during the next inspection.
2. Be advised that the installation of a handwash sink in the food prep area is required. It is recommended that the sink be installed to the right of the existing single compartment prep sink. A cold water supply line is already exists in the wall. A hot water supply line can be extended from the existing prep sink. The existing floor sink in the same area can be utilized for drainage.
3. The exhaust hold system was in observed to operate properly in conjunction with the make-up air system. However, re-install both make-up air duct diffusers which are currently missing.
4. No soda fountain or ice machines were present during the inspection. Both will need to be installed prior to a next inspection.
5. The operation must have at least one staff member that has obtained food manager certification and and all other employees must have at minimum food safety training certifications.
6. At least one digital probe type thermometer must be purchased and maintained onsite at all times.

Ensure any listed items requiring corrective action in this report are completed prior to my next inspection.

RESULTS OF EVALUATION: [ ] PASS [ ] NEEDS IMPROVEMENT [ ] FAIL
Reinspection Required: Yes: [ ] No: [X]
Reinspection Date (on or after): N/A
[ ] Potential Food Safety All Star:

No signature obtained due to Covid-19

Luis Flores - REHS

Received By:

Agency Representative

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