### FOOD SAFETY EVALUATION REPORT

**FACILITY NAME:** EL PORTAL DE MI PUEBLO  
**BUSINESS PHONE:** (559) 429-1005  
**RECORD ID#:** PR0010987  
**DATE:** October 13, 2022  

**FACILITY SITE ADDRESS:**  
2117 WHITLEY AVE  
**CITY:** CORCORAN  
**ZIP CODE:** 93212  
**INSPECTION TYPE:** ROUTINE INSPECTION  
**INSPECTOR:** SEMHAR GEBREGZIABIHE  
**RECORD ID#:** PR0010987  
**EXP DATE:**  

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**OWNER NAME:** RAFAEL OJEDA  
**CERTIFIED FOOD MANAGER:** Not Specified  
**BUSINESS PHONE:** (559) 429-1005  
**ZIP CODE:** 93212  

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**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.

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**RESULTS OF EVALUATION:**  
- [ ] PASS  
- [ ] NEEDS IMPROVEMENT  
- [ ] FAIL  

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**Reinspection Required:** Yes: [ ] No: [x]  
**Reinspection Date (on or after):** N/A  

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**Unable to obtain Signature**  

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**Received By:**  
**Agency Representative:** SEMHAR GEBREGZIABIHE  

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**NOTE:** This report must be made available to the public on request
FOOD SAFETY EVALUATION REPORT

FACILITY NAME: EL PORTAL DE MI PUEBLO
BUSINESS PHONE: (559) 429-1005
RECORD ID#: PR0010987
DATE: June 03, 2021

FACILITY SITE ADDRESS: 2117 WHITLEY AVE
CITY: CORCORAN
ZIP CODE: 93212
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: RAFAEL OJEDA
CERTIFIED FOOD MANAGER: Not Specified
EXP DATE: 
INSPECTOR: 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.

RESULTS OF EVALUATION: X PASS □ NEEDS IMPROVEMENT □ FAIL

Reinspection Required: Yes: □ No: X
Reinspection Date (on or after): N/A
□ Potential Food Safety All Star:

No Signature Due to Covid

Received By:

Luis Flores - REHS
Agency Representative

NOTE: This report must be made available to the public on request
FOOD SAFETY EVALUATION REPORT

FACILITY NAME: EL PORTAL DE MI PUEBLO
FACILITY SITE ADDRESS: 2117 WHITIVEY AVE
OWNER NAME: Dayanna Ojeda

BUSINESS PHONE: (559) 429-1005
CITY: CORCORAN
CERTIFIED FOOD MANAGER: Not Specified

RECORD ID#: PR0010987
ZIP CODE: 93212
EXP DATE: N/A

DATE: April 29, 2021
INSPECTION TYPE: CONSTRUCTION/EQUIPMENT INSIGHT
INSPECTOR: 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:

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

[No signature obtained due to Covid-19]

Received By: Luis Flores - REHS
Agency Representative

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