



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: CAFECITO BAR	BUSINESS PHONE: (559) 243-6611	RECORD ID#: PR0011103	DATE: December 05, 2022
FACILITY SITE ADDRESS: 312 W 7TH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ELIZABETH MORENO	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: 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: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed the sanitizer buckets to not be in use during the time of inspection. This must be available at all times. The concentration must be at 200 ppm (ammonium) or 100 ppm (chlorine). This was corrected on site.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Observed the hand washing station adjacent to the ice bin to not have paper towels. Please be sure hot water, soap, and paper towels are available at all times.

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

Description/Corrective Action: The facilities permit expired on 11/1/2022. An invoice was given to the employee on site during the time of inspection. Please be sure to pay the facilities outstanding permit fees by 12/09/2022, failure to comply will result in the department closing the facility. Please contact the department should you have any questions.

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

Description/Corrective Action: Observed fryers in the back room of the facility. This facility does not have a hood and therefore does not have the capacity to use such equipment. A hood would need to be installed if equipment such as fryers, grills, etc. is desired to prevent grease fires. Also a non commercial grade air fryer was observed in use at the facility. Please be aware only commercial grade equipment is allowed to be used at the facility at all times.

General Comments:

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



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FACILITY SITE ADDRESS: 312 W 7TH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ELIZABETH MORENO	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: 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.

Observations:

Hand washing station was fully stocked with hot water and soap.

Restroom was well maintained and fully stocked with hot water, soap, and paper towels.

All refrigeration units were functioning properly at 41F.

The ice machine was in satisfactory condition.

Of note, the facilities food manager card will need to be submitted to the department by no later than 12/21/2022 to ensure compliance. Please ensure this is submitted as soon as possible.

As a reminder, if the facility would like to make changes (ownership, food, etc.) please be sure to contact the department for assistance.

Please correct the above noted violations in a timely manner.

Thank you for your time.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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> </u> N/A <input type="checkbox"/> Potential Food Safety All Star:

Received By: _____

SEM HAR GEBREGZIABIHE

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CAFECITO BAR	BUSINESS PHONE: (559) 243-6611	RECORD ID#: PR0011103	DATE: March 08, 2022
FACILITY SITE ADDRESS: 312 W 7TH ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ELIZABETH MORENO	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: 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:

Observations:

Restrooms had hot water and soap . and paper towels

All refrigeration units were functioning properly at 41F and below.

Freezer unit was functioning properly at 0F and below.

Both employees were practicing safe food handling by washing their hands frequently.

All dry storage was well maintained, clean, and six inches above the ground.

This facility appears clean and no signs of pests were found.

Overall well maintained facility.

Thank you for your time.

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:

SEM HAR GEBREGZIABIHE

Received By: _____

Agency Representative _____

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