FDA FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BREIT HARRIE SCHOOL

BUSINESS PHONE: (559) 992-8880

RECORD ID#: PR0000247

DATE: October 24, 2022

FACILITY SITE ADDRESS: 1300 LETTS AVE

CITY: CORCORAN

ZIP CODE: 93212

INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: CORCORAN UNIFIED SCHOOL DIST

CERTIFIED FOOD MANAGER: Debra Rodriguez

EXP DATE: 1/26/2024

INSPECTOR: SEMHAR GEBREGZIAHI

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 MAINTENANCE OF FACILITY OR EQUIPMENT

Description/Corrective Action: Observed the walk-in freezer unit to have food stored directly on the ground. Please have all items either stored on pallets and racks, or at least six inches above the ground. Please have this rectified as soon as possible.

General Comments:

Observations:

Hand washing sink was functioning properly and fully stocked with hot water, soap, and paper towels.

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

Today's lunch was cheese enchiladas, apples, beans, and choice of milk.

Observed employees washing their hands frequently, changing gloves frequently and handling food properly and safely.

Hot holding units were functioning properly at 135F and above.

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

All freezer units were functioning properly at 0F and below.

The manual dishwasher was functioning properly with the sanitizer level of 50 ppm (chlorine).

Overall, the facility was observed in satisfactory condition. Please correct the above the noted violation in a timely manner.

Thank you for your time.

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

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<thead>
<tr>
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<tbody>
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<td>(559) 992-8880</td>
<td>PR0000247</td>
<td>October 24, 2022</td>
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<td>1/26/2024</td>
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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.

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

Reinspection Required: **X**

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

Potential Food Safety All Star: **[ ]**

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Received By: [Signature]

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**SEMHAR GEBREGZIABIHE**

Agency Representative

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

FACILITY NAME: BRET HARTE SCHOOL
FACILITY SITE ADDRESS: 1300 LETTS AVE
OWNER NAME: CORCORAN UNIFIED SCHOOL DIST

BUSINESS PHONE: (559) 992-8880
CITY: CORCORAN
CERTIFIED FOOD MANAGER: Debra Rodriguez

RECORD ID#: PR0000247
ZIP CODE: 93212
EXP DATE: 1/26/2024
INSPECTOR: MIKEL CHATELLE - REHS

DATE: May 16, 2022
INSPECTION TYPE: ROUTINE INSPECTION

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:

*All food temperatures met State Food requirements.
*All food items that were stored in refrigerators were measured at or below 41 F.
*All food items that were stored in hot holding units were measured at or above 135 F.
*All food items that were stored in freezers were frozen.
*The hand washing station(s) in the kitchen supplied hot water and had soap and paper towels available.
*The restroom sink supplied hot water and had soap and paper towels available.
*The chlorine sanitizing solution was measured at 100 ppm.
*Overall, the facility was observed to be satisfactory.

*A minor buildup of debris was observed inside of the ice machine. Ensure that the ice machine is cleaned periodically.

*Maria Gomez was present for the inspection.

RESULTS OF EVALUATION:  X PASS  [ ] NEEDS IMPROVEMENT  [ ] failing

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

[ ] Potential Food Safety All Star:

MIKEL CHATELLE - REHS
Agency Representative

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

FACILITY NAME: BRET HARTE SCHOOL
BUSINESS PHONE: (559) 992-8880
RECORD ID#: PR0000247
DATE: November 02, 2021

FACILITY SITE ADDRESS: 1300 LETTS AVE
CITY: CORCORAN
ZIP CODE: 93212

OWNER NAME: CORCORAN UNIFIED SCHOOL DIST
CERTIFIED FOOD MANAGER: Debra Rodriguez
EXP DATE: 1/26/2024
INSPECTOR: MIKEL CHATELLE - REHS
INSPECTION TYPE: ROUTINE INSPECTION

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:

All food temperatures met State Food Code requirements.
The walk-in refrigerator temperature was holding stored foods at or below 41 F.
All food items that were stored in the freezer were frozen.
The automated dishwash machine was measured to dispense a proper chlorine concentration level in the final rinse cycle of over 50 ppm.
The sanitizing solution measured in a bucket was tested and measured 200 ppm which was good.

*During this inspection, a potential issue was discussed with both the food services manager and the school principal. At issue was the procedure currently used where hot foods are placed in non-warming trays for a short time period prior to eventual serving. It was reported by the manager that hot foods do not maintain temperatures above 135 F when served using the current procedures.

It is recommended by this department that the school purchase isolated thermo equipment for storing hot and/or cold foods prior to serving. This will help with maintaining hot food temperatures prior to serving.

RESULTS OF EVALUATION: ☒ PASS ☐ NEEDS IMPROVEMENT ☐ FAIL

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

MIKEL CHATELLE - REHS
Agency Representative

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