An inspection of your facility revealed the following violations of the California Health and Safety Code and/or California Code of Regulations. A reinspection may occur at any time to verify correction of these violations. Please note the date of correction as listed per violation.

NVO = No Violation Observed
OUT = Out of Compliance
N/A = Not Applicable
COS = Corrected On Site
UD = UD

<table>
<thead>
<tr>
<th>Violation Status</th>
<th>Violation Code</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FDA Food Code 2017</td>
<td></td>
</tr>
<tr>
<td>□ NVO □ UD □ NA ☑ OUT</td>
<td>48 - UTENSILS, EQUIPMENT AND VENDING - Warewashing facilities; installed, maintained and used; test strips</td>
<td></td>
</tr>
</tbody>
</table>

The 3 Compartment dishwash sink does have adequate backsplash installed. Install at least 6 inch backsplash.

The Faucet for 3 comp sink does not reach all 3 sinks. Currently they are using a rig system with copper pipe and 2 rubber pipes being sued to reach all 3 sinks. Correct this issue by installing a faucet that reaches over all 3 sinks or install 2 separate faucets that can reach 3 sinks. This has been a persistent issue since May 2023 and been observed in 3 separate inspections.

Overall Inspection Comment:
Lunch today includes grilled cheese sandwiches, hot dogs and baked beans. There is also a salad bar that includes lettuce, jalapeños, corn and olives. Time is used as temperature control with ice bed used to keep food cool but not below 41°F. Dispose of these cold items before 4 hours of use.

Temperature logs were noted. Maintain daily records of temperature logs.

General cleanliness was observed.
## INSPECTION REPORT

**FOOD VENDING PERMIT - NONPROFIT**

**ATTENTION:** There are a total of 1 item(s) marked above in violation. Total Major violations are 0.

<table>
<thead>
<tr>
<th>Received By:</th>
<th>Inspected By:</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="signature_received.png" alt="Signature" /></td>
<td><img src="signature_inspected.png" alt="Signature" /></td>
</tr>
</tbody>
</table>

**Inspector Name:** Chaitanya Patel  
**Title:** Environmental Health Officer I  
**Date:** 4/9/2024  
**Phone:** 559-584-1411  
**Email:** Chaitanya.Patel@co.kings.ca.us
FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORCORAN HIGH SCHOOL SNACK BAR</td>
<td>(559) 992-8880</td>
<td>PR0006007</td>
<td>October 24, 2022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1100 LETTS AVE</td>
<td>CORCORAN</td>
<td>93212</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORCORAN UNIFIED SCHOOL DIST</td>
<td>Lollie Marin</td>
<td>1/26/2024</td>
<td>SEMHAR GEBREGZIABIHE</td>
</tr>
</tbody>
</table>

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 HANDWASH FACILITIES  
[HSC 113953 - 113593.2]

**Description/Corrective Action:** Observed the hand washing sinks in room 20 to have dust and debris in them. Please have this cleaned as soon as possible.

**General Comments:**

Observations:

- Hand washing stations were fully stocked with hot water, soap, and paper towels.
- Restrooms were fully stocked with hot water, soap, and paper towels.
- Today's lunch is cheese enchiladas and burritos.
- All dry storage was well maintained, organized, and placed six inches above the ground.
- Currently breakfast is served in room 20 and lunch is served in the kitchen adjacent to the gym.

Overall both locations are in satisfactory condition. Please contact the department should you have any questions.

Thank you for your time.

**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:

Received By: _______________  

Agency Representative: ________________________

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