



Restaurant Bakery Permit Inspection Report

Kings County Department of Public Health
Environmental Health Services
330 Campus Dr. Hanford CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - www.countyofkings.com/health/ehs

INSPECTION REPORT FOOD VENDING PERMIT - NONPROFIT

Facility Name	Facility Address	City/State	Zip Code	
AVENAL NUTRITION CENTER	108 W KINGS ST	AVENAL, CA	93204	
Owner/Operator	Facility Phone No.	Inspection ID	Inspection Result	
		36997	Pass	
Inspector Name	Inspection Date	Purpose of Inspection	Permit License	Expiration Date
Chaitanya Patel	5/13/2024	Routine Inspection	PR0003562	8/31/2024

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

Overall Inspection Comment:

Kitchen operated by Kings County Aging Commission Dept.

Refrigeration unit noted below 41F.

All items in dry storage were stored at least 6 inches above ground.

Dishwash sink which is also used as handwash noted with soap, paper towels and running hot water temperature above 120F.

Food was prepered and served around 12PM. Food prep time usually is between 10 AM and 12PM.

Food Namager certification active and present on site.

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

Signatures

Received By:

Inspected By:

Inspector Name: **Chaitanya Patel**

Title: **Environmental Health Officer I**

Date: **5/13/2024**

Phone: **559-584-1411**

Email: **Chaitanya.Patel@co.kings.ca.us**



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: AVENAL NUTRITION CENTER	BUSINESS PHONE: (559) 386-5861	RECORD ID#: PR0003562	DATE: September 29, 2021
FACILITY SITE ADDRESS: 108 W KINGS ST	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KINGS COUNTY COMMISSION ON AGING	CERTIFIED FOOD MANAGER: BOBBIE WARTSON	EXP DATE: 8/12/2015	INSPECTOR: Veronica Ochoa -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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The current certified food manager for this facility has expired. Please make sure that someone obtains a certified food manager certification. When the certificate has been obtained, please submit a copy to our department via email. Currently, the senior portion of the facility is not in operation.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The facility's silver refrigerator measured above 41F. Please monitor this unit to ensure the refrigerator maintains potentially hazardous foods at 41F or below. If the unit is not holding at proper temperatures, please have the unit serviced.

Violation: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: One of the sinks in the women's restroom was not equipped with hot water. Please ensure all hand wash sinks are equipped with hot water.

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

Description/Corrective Action: Please install a paper towel dispenser for the hand wash sink in the kitchen area.

General Comments:

The senior nutrition center refrigerator measured at 39F.
 The facility was mostly equipped with hot water at all sinks.

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:

Received By: _____

Veronica Ochoa -REHS

Agency Representative

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