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.countykings.com/ehs

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>AMORE CAFFE</td>
<td>(661) 236-3044</td>
<td>PR0009632</td>
<td>November 08, 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>942 WHITLEY 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>MATTHEW VEGA</td>
<td>Matthew Mario Vega</td>
<td>11/11/2024</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
Description/Corrective Action: The hand washing sink in the back room was observed with coffee, dust, food debris. Please have this cleaned as soon as possible. The sink was also observed to be loose and needs to be resealed to the back wall.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT
Description/Corrective Action: Observed an excessive amount of mildew accumulation in the ice machine in the back room. Please have this unit cleaned and sanitized 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.

The dry storage area in the back room was observed in satisfactory condition.

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

Hot water was available throughout the facility.

Food handler and food manager cards were available for review.

Overall the facility was observed in satisfactory condition. Please contact the department should you have any questions.

Thank you for your time.

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

FACILITY NAME: AMORE CAFFE
BUSINESS PHONE: (661) 236-3044
RECORD ID#: PR0009632
DATE: November 08, 2022

FACILITY SITE ADDRESS: 942 WHITLEY AVE
CITY: CORCORAN
ZIP CODE: 93212
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: MATTHEW VEGA
CERTIFIED FOOD MANAGER: Matthew Mario Vega
EXP DATE: 11/11/2024
INSPECTOR: SEMHAR 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.

RESULTS OF EVALUATION: X PASS   □ NEEDS IMPROVEMENT   □ FAIL

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

SEMHAR GEBREGZIABIHE
Agency Representative

Received By:

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

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>AMORE CAFFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS PHONE:</td>
<td>Not Specified</td>
</tr>
<tr>
<td>RECORD ID#:</td>
<td>PR0009632</td>
</tr>
<tr>
<td>DATE:</td>
<td>May 02, 2022</td>
</tr>
<tr>
<td>FACILITY SITE ADDRESS:</td>
<td>942 WHITLEY AVE</td>
</tr>
<tr>
<td>CITY:</td>
<td>CORCORAN</td>
</tr>
<tr>
<td>ZIP CODE:</td>
<td>93212</td>
</tr>
<tr>
<td>INSPECTION TYPE:</td>
<td>ROUTINE INSPECTION</td>
</tr>
<tr>
<td>OWNER NAME:</td>
<td>MATTHEW VEGA</td>
</tr>
<tr>
<td>CERTIFIED FOOD MANAGER:</td>
<td>Matthew Mario Vega</td>
</tr>
<tr>
<td>EXP DATE:</td>
<td>11/11/2024</td>
</tr>
<tr>
<td>INSPECTOR:</td>
<td>MIKEL CHATELLE - REHS</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: NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES

Description/Corrective Action:
Food Handlers Cards (FHC) were requested for employees involved with food handling, storage, and preparation at the facility. It was identified that three employees do not have a valid FHC or hold an expired FHC. Within the next 30 days, have all employees that require a FHC complete an approved/accredited food handler training. As a reminder, FHCs are required to be renewed every 3 years.

General Comments:

* All food items that were stored in refrigerators were stored at or below 41 F.
* All food items that were stored in freezers were frozen.
* The hand washing sinks in the kitchen and bathroom supplied hot water and had soap and paper towels available.
* A quaternary ammonium solution prepared for sanitation was tested and measured at 200 ppm.
* Overall, the facility was observed to be satisfactory.

* Matthew Mario Vega was present for the inspection.

Results of Evaluation:

<table>
<thead>
<tr>
<th>RESULTS OF EVALUATION:</th>
<th>PASS</th>
<th>NEEDS IMPROVEMENT</th>
<th>FAIL</th>
</tr>
</thead>
</table>

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

MIKEL CHATELLE - REHS
Agency Representative

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

FACILITY NAME: AMORE CAFFE
BUSINESS PHONE: Not Specified
RECORD ID#: PR0009632
DATE: July 20, 2021

FACILITY SITE ADDRESS: 942 WHITLEY AVE
CITY: CORCORAN
ZIP CODE: 93212
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: MATTHEW VEGA
CERTIFIED FOOD MANAGER: Matthew Mario Vega
EXP DATE: 11/11/2024
INSPECTOR: Paven Batth

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:
Sanitation: 200 ppm of QAT saniter was measured in the red sanitation buckets.
Temperature Control: Milk was measured below 45F. Cold holding temperatures were noted below 41F.
Handwashing Facilities: Handwashing sink near the register and restroom sink were maintain stocked (i.e., soap and paper towels) and hot water was available.
Vermin Control: Pest control is serviced on a routine basis at this facility.
Maintenance & Equipment: Ancillary equipment (i.e., ice machine) at this facility is fully operational. Overall, facility is fairly maintained.

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: [Signature]

Paven Batth
Agency Representative

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