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

### BEST BUSINESS PRACTICES

<table>
<thead>
<tr>
<th>Violation Status</th>
<th>Violation Code</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>UD</td>
<td>Restrooms available, stocked *</td>
</tr>
</tbody>
</table>

### COMPLIANCE AND ENFORCEMENT

<table>
<thead>
<tr>
<th>Violation Status</th>
<th>Violation Code</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>UD</td>
<td>Plan Review</td>
</tr>
<tr>
<td>V</td>
<td>UD</td>
<td>Permits Obtained &amp; Available *</td>
</tr>
<tr>
<td>V</td>
<td>UD</td>
<td>Impoundment</td>
</tr>
<tr>
<td>V</td>
<td>UD</td>
<td>Hearing Scheduled</td>
</tr>
<tr>
<td>V</td>
<td>UD</td>
<td>Closure *</td>
</tr>
<tr>
<td>V</td>
<td>UD</td>
<td>Items marked with an asterisk * may also have specific requirements for temporary events</td>
</tr>
</tbody>
</table>

### PRACTIONER INFORMATION

<table>
<thead>
<tr>
<th>Violation Status</th>
<th>Violation Code</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>UD</td>
<td>Practitioner Information</td>
</tr>
</tbody>
</table>
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

INFORMATION REGARDING INSPECTION

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

Overall Inspection Comment:
Lunch today includes cold turkey sandwiches, Chicken sandwiches for students who have allergies or exceptions from Turkey, a salad bar with chopped cucumbers, lettuce, onions and tomatoes and pre packaged cut fruit. Turkey sandwiches were prepared and stored in cold holding walk in refrigerator during the inspection. The temperature on this refrigerator unit noted at 39°F.
The hot holding temperature for cooked chicken sandwich patties was noted above 135°F.
Temperature logs were noted. Maintain daily records of temperature logs.
There are multiple refrigerator units around the kitchen area and on the cafeteria floor. Refrigeration unit in the kitchen area to measured at 38°F. Milk Carton refrigeration units on the cafeteria floor noted below 45°F.
Handwash sink stocked with paper towels and soap. Running hot water measured above 120°F at dishwash sink.
Sanitizer bucket in the kitchen noted above 200 PPM.
All items in the dry storage area as well as the walk in refrigeration units noted to be stored at least 6 inches above ground.
Food Manager Certificate active and present on site.
General cleanliness was observed.

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: 4/9/2024
Phone: 559-584-1411
Email: Chaitanya.Patel@co.kings.ca.us
FOOD SAFETY EVALUATION REPORT

FACILITY NAME: JOHN MUIR SCHOOL
FACILITY SITE ADDRESS: 707 LETTS AVE
OWNER NAME: CORCORAN UNIFIED SCHOOL DIST

BUSINESS PHONE: (559) 992-8880 Ext. 5132
CITY: CORCORAN
CERTIFIED FOOD MANAGER: Rebecca Lepez

RECORD ID#: PR0000669
ZIP CODE: 93212
EXP DATE: 1/26/2024
INSPECTOR: SEMHAR GEBREGZIABIHE
DATE: October 25, 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: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT
[HSC 114095-114099.5 & 114101-114119]
Description/Corrective Action: Observed mildew accumulation on the ice machine, please have this cleaned and sanitized as soon as possible. Please clean and maintain this unit as soon as possible.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT
[HSC 114161-114182 & 114257]
Description/Corrective Action: Observed the walk-in freezer unit to be overstocked and inaccessible. Please properly maintain the items stored in this unit and so that it fully accessible.

General Comments:

Observations:

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

Restrooms were fully stocked with hot water, soap, and paper towels.

Today's lunch is turkey sandwiches, baked beans, fresh fruit, and vegetables.

Hot holding temperature for baled beans was 156. F.

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

The walk-in freezer units was functioning properly at -1.2F.

The manual dishwasher was functioning properly at 50 ppm (chlorine).

Hot water was available at the facility.

No signs of pests were found during today’s inspection.

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

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN MUIR SCHOOL</td>
<td>(559) 992-8880 Ext. 5132</td>
<td>PR0000669</td>
<td>October 25, 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>707 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>Rebecca Lepez</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.

**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