



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
JOHN MUIR SCHOOL		707 LETTS AVE		CORCORAN, CA	93212
Owner/Operator		Facility Phone No.	Inspection ID	Inspection Result	
			34076	Pass	
Inspector Name	Inspection Date	Purpose of Inspection		Permit License	Expiration Date
Chaitanya Patel	4/9/2024	Routine Inspection		PR0000669	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

Violation Status	Violation Code	Observation
BEST BUSINESS PRACTICES		
<input type="checkbox"/> NVO <input type="checkbox"/> UD <input type="checkbox"/> NA <input type="checkbox"/> OUT	Restrooms available, stocked *	
COMPLIANCE AND ENFORCEMENT		
<input type="checkbox"/> NVO <input type="checkbox"/> UD <input type="checkbox"/> NA <input type="checkbox"/> OUT	Plan Review	
<input type="checkbox"/> NVO <input type="checkbox"/> UD <input type="checkbox"/> NA <input type="checkbox"/> OUT	Permits Obtained & Available *	
<input type="checkbox"/> NVO <input type="checkbox"/> UD <input type="checkbox"/> NA <input type="checkbox"/> OUT	Impoundment	
<input type="checkbox"/> NVO <input type="checkbox"/> UD <input type="checkbox"/> NA <input type="checkbox"/> OUT	Hearing Scheduled	
<input type="checkbox"/> NVO <input type="checkbox"/> UD <input type="checkbox"/> NA <input type="checkbox"/> OUT	Closure *	
<input type="checkbox"/> NVO <input type="checkbox"/> UD <input type="checkbox"/> NA <input type="checkbox"/> OUT	Items marked with an asterisk * may also have specific requirements for temporary events	
PRACTITIONER INFORMATION		
<input type="checkbox"/> NVO <input type="checkbox"/> UD <input type="checkbox"/> NA <input type="checkbox"/> OUT	Practitioner Information	



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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 39F. .
The hot holding temperature for cooked chicken sandwich patties was noted above 135F.
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 38F. Milk Carton refrigeration units on the cafeteria floor noted below 45F.
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 atleast 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**



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: JOHN MUIR SCHOOL	BUSINESS PHONE: (559) 992-8880Ext. 5132	RECORD ID#: PR0000669	DATE: October 25, 2022
FACILITY SITE ADDRESS: 707 LETTS AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CORCORAN UNIFIED SCHOOL DIST	CERTIFIED FOOD MANAGER: Rebecca Lepez	EXP DATE: 1/26/2024	INSPECTOR: SEM HAR 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.

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 baked 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



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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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By: _____

Agency Representative _____

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