



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.countyofkings.com/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TACO BELL #31651 COTTI FOODS CORPORATION	BUSINESS PHONE: (949) 858-9191	RECORD ID#: PR0009756	DATE: October 13, 2022
FACILITY SITE ADDRESS: 2021 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PETER CAPRIOTTI	CERTIFIED FOOD MANAGER: BERTHA LOPEZ	EXP DATE: 7/9/2022	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 syrup build up on the soda machine next to the drive through window. Additionally syrup build up was observed underneath and adjacent to the unit.

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.

All dry storage was well maintained, clean, and placed six inches above the ground.

All hot holding units were functioning properly well above 135F.

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

All freezer units were functioning properly at 0F and below.

Sanitizer buckets were at 200 ppm (ammonium).

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

Thank you for your time.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

SEM HAR GEBREGZIABIHE

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TACO BELL #31651 COTTI FOODS CORPORATION	BUSINESS PHONE: (949) 858-9191	RECORD ID#: PR0009756	DATE: August 17, 2021
FACILITY SITE ADDRESS: 2021 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PETER CAPIROTTI	CERTIFIED FOOD MANAGER: BERTHA LOPEZ	EXP DATE: 7/9/2022	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 sanitizer was measured in the three-compartment sink.
Temperature Control: Cold holding temperatures were noted below 41F. Hot holding temperatures were measured above 135F.
Handwashing Facilities: Handwashing sink was 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.
Personnel: All employees handling food or utensils have obtained proper certifications (i.e., Food Handler Card and Food Safety Manager Certificate) as per California Retail Food Code.
Maintenance & Equipment: Ancillary equipment at this facility was observed to be fully functional.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Paven Batth

Received By: _____

Agency Representative _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TACO BELL #31651 COTTI FOODS CORPORATION	BUSINESS PHONE: (949) 858-9191	RECORD ID#: PR0009756	DATE: March 10, 2021
FACILITY SITE ADDRESS: 2021 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PETER CAPIROTTI	CERTIFIED FOOD MANAGER: BERTHA LOPEZ	EXP DATE: 7/9/2022	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:

Hand Wash Station and Restroom: Hand wash station and restroom were fully stocked. Hot and cold water were available as well.

Temperature Control: Proper hot and cold holding temperatures were measured during the inspection. Temperature logs were filled in and up-to-date.

Documentation:
 Copesan Pest Control completes monthly pest services.

California Food Safety Certification: Regulatory requirements such as certifications for proper food safety (i.e., Food Safety Manager Certification and California Food Handler Card) are obtained by this facility.

Sanitation: Sanitizing bucket and three-compartment sink were measured at 200ppm of quaternary ammonium concentration.

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:

No Signature obtained due to COVID-19 Protocol

Received By: _____

Paven Batth

Agency Representative

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