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

<table>
<thead>
<tr>
<th>Violation Status</th>
<th>Violation Code</th>
<th>Violation Summary</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 - PROTECTION FROM CONTAMINATION - Food separated and protected</td>
<td>Observed in cold and freezer storage unit with multiple prepped food items not properly covered. Please ensure adequate sealing is placed on prepped food items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 - PROTECTION FROM CONTAMINATION - Food-contact surfaces; cleaned and sanitized</td>
<td>Three compartment sink did not have any sanitizer in any compartment, please ensure that dishes are properly washed and sanitized.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 - TIME AND TEMPERATURE CONTROL FOR SAFETY - Proper cooling time and temperature</td>
<td>Recorded salsa's above 40F, please ensure all cold food items are below 40F, or dispose of after 4hrs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 - TIME AND TEMPERATURE CONTROL FOR SAFETY - Proper hot holding temperatures</td>
<td>Recorded rice and chicken below 135F, please ensure that food is capable of holding at 135F, or dispose of after 4hrs.</td>
<td></td>
<td></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

INSPECTION REPORT
FOOD VENDING PERMIT - GR5 (500-750)

Overall Inspection Comment:
Observations from today's inspection:
Hand washing station water temperature reached 100°F and was fully stocked.
Three compartment sink water reached 120°F, sanitizer bucket at bar area had 100 ppm of chlorine.
All food was 6 inches from the floor, but debris was present on the floor.
A reinspection will take place in 2 weeks, please ensure all violations were resolved.

ATTENTION: There are a total of 5 item(s) marked above in violation. Total Major violations are 0.

Signatures

Received By:  

Inspector Name: Isaac Coria
Title: Environmental Health Officer
Date: 2/1/2024
Phone:
Email: Isaac.Coria@co.kings.ca.us
FOOD SAFETY EVALUATION REPORT

OWNER NAME: MICHEL FAMILY, INC
FACILITY NAME: VALLE GRULLENSE BAR & GRILL
FACILITY SITE ADDRESS: 901 W LACEY BLVD
CITY: HANFORD
ZIP CODE: 93230
RECORD ID#: PR0010050
DATE: September 23, 2020
EXP DATE: 3/9/2021

GENERAL COMMENTS:

Other than noted, hand wash stations have hot water, soap, and paper towels.

Shredded chicken and rice on the steam table were measured above 135°F.

Other than noted, cold holding units were measured at or below 41°F.

Chlorine sanitizer for the dishwasher was measured at 50 ppm.

Observed all workers wearing face mask.

A copy of the unsigned report will be emailed to the owner. Please contact our office at 559-584-1411 if there are any questions.

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

**FACILITY NAME:** VALLE GRULLENSE BAR & GRILL  
**BUSINESS PHONE:** (559) 772-8045  
**RECORD ID:** PR0010050  
**DATE:** September 23, 2020

**FACILITY SITE ADDRESS:**  
**CITY:** HANFORD  
**ZIP CODE:** 93230  
**INSPECTION TYPE:** ROUTINE INSPECTION

**OWNER NAME:** MICHEL FAMILY, INC  
**CERTIFIED FOOD MANAGER:** Juana Partida  
**EXP DATE:** 3/8/2021  
**INSPECTOR:** Susan Lee-Yang - 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.

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**RESULTS OF EVALUATION:**  
- [ ] PASS  
- [x] NEEDS IMPROVEMENT  
- [ ] FAIL  

**Reinspection Required:**  
- [ ] Yes  
- [x] No

**Reinspection Date (on or after):** N/A

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