

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 Fac		Facility Address			City/State			Zip Code	
BRET HARTE SCHOOL 1300		00 LE	LETTS AVE			CORCORAN, CA			93212
Owner/Operator		F	Facility Phone No.	Inspec	ection ID		Inspection Result		
				34096	34096 Pass				
Inspector Name	Inspection Date		Purpose of Inspection		Permit License		Expiration Date		
Chaitanya Patel	4/9/2024	R	Routine Inspection		PR0	000247		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

Overall Inspection Comment:

Lunch today includes bbg pulled turkey sandwiches, carrots and cut orange with choice of milk box or juice box.

Turkey sandwiches were being prepared and served during the inspection. The temperature for hot holding during serving of pulled turkey measured 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 and running water above 100F. Running hot water measured above 120°F at dishwash sink.

Sanitizer bucket present. No test strips were present. Please provide test strips for adequate testing of sanitizer buckets. 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. Expires 01/22/2029.

General cleanliness was observed.

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



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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: BRET HARTE SCHOOL	BUSINESS PHONE: (559) 992-8880	RECORD ID#: PR0000247	DATE: October 24, 2022
FACILITY SITE ADDRESS: 1300 LETTS AVE	CITY: CORCORAN	ZIP CODE : 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CORCORAN UNIFIED SCHOOL DIST	CERTIFIED FOOD MANAGER: Debra Rodriguez	EXP DATE: 1/26/2024	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.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT

[HSC 114161-114182 & 114257]

Description/Corrective Action: Obse

Observed the walk- in freezer unit to have food stored directly on the ground. Please have all items either stored on pallets and racks, or at least six inches above the

ground. Please have this rectified as soon as possible.

General Comments:

Observations:

Hand washing sink was functioning properly and fully stocked with hot water, soap, and paper towels.

Restroom was fully stocked with hot water, soap, and paper towels.

Today's lunch was cheese enchiladas, apples, beans, and choice of milk.

Observed employees washing their hands frequently, changing gloves frequently and handling food properly and safely.

Hot holding units were functioning properly at 135F and above.

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

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

The manual dishwasher was functioning properly with the sanitizer level of 50 ppm (chlorine).

Overall, the facility was observed in satisfactory condition. Please correct the above the noted violation in a timely manner.

Thank you for your time.

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

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RESULTS OF EVALUATION: X PASS NEED	OS IMPROVEMENT FAIL	Reinspection Re	
Received By:		SEMHAR GEBRE Agency Represe	

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