



Restaurant Bakery Permit Inspection Report

Kings County Department of Public Health
Environmental Health Services
460 Kings County Dr., Suite 101 & 102 Hanford CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - <https://www.kcdph.com/ehs>

INSPECTION REPORT

FOOD VENDING PERMIT - GR1 (<21000)

Facility Name		Facility Address		City/State		Zip Code	
NUTRI LOKO		504 S 4TH AVE STE B		AVENAL, CA		93204	
Owner/Operator		Facility Phone No.		Inspection ID		Inspection Result	
GRACIELA VARGAS		5593861038		1206		Needs Improvement	
Inspector Name		Inspection Date	Purpose of Inspection		Permit License		Expiration Date
RUMI CHHINA		8/1/2019	Routine Inspection		PR0008536		9/1/2025

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	Violation Summary	Observation
EC Historical Checklist			
☐ -Select- ☐ IN ☒ OUT ☐ NA ☐ NO	11-IMPROPER CLEANING OF UTENSILS AND EQUIPMENT	Observed that the employees were not following the proper step for ware-washing. Please use either bleach or QAC for sanitizing the utensils. Fill water in 3rd sink and add bleach in water to follow the step. It should be 100ppm.	
☐ -Select- ☐ IN ☒ OUT ☐ NA ☐ NO	19-IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT	Observed that the ice-cream scoops were not dipping in dipper wells with constant running water.	
FDA Food Code 2017			
☐ -Select- ☐ IN ☒ OUT ☐ NA ☐ NO	22 - TIME AND TEMPERATURE CONTROL FOR SAFETY - Proper cold holding temperatures	Observed one of the refrigerator storing eggs and cut fruits was noted at 48F. Please either adjust the temperature or move the cut fruits and eggs in residential refrigerator.	Comply By: 08/16/2019 Degree of Violation: Minor



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Overall Inspection Comment:

ATTENTION: There are a total of 3 item(s) marked above in violation. Total Major violations are 0.

Signatures

Received By:

Inspected By:

Inspector Name: **RUMI CHHINA**

Title:

Date: **8/1/2019**

Email:
Phone:

CERTIFICATION OF RETURN TO COMPLIANCE

I certify that the violations noted above on this report have been corrected. I have personally examined any documentation attached to the certification to establish that the violations have been corrected.

Signature: _____ Title: _____ Date: _____