



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 - GR5 (500-750)

Facility Name		Facility Address		City/State		Zip Code		
VALLE GRULLENSE BAR & GRILL		901 W LACEY BLVD		HANFORD, CA		93230		
Owner/Operator			Facility Phone No.		Inspection ID		Inspection Result	
MICHEL FAMILY, INC			5597728045		62698		Needs Improvement	
Inspector Name		Inspection Date	Purpose of Inspection		Permit License		Expiration Date	
Jesus Crespin		6/5/2025	Routine Inspection		PR0010050		1/1/2026	

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
FDA Food Code 2017			
☐ -Select- ☐ IN ☒ OUT ☐ NA ☐ NO	15 - PROTECTION FROM CONTAMINATION - Food separated and protected	Multiple food containers were in the reach-in and walk-in refrigeration units were left open to the environment. Multiple food containers in hot holding areas were also left open to the environment. Please provide lids to these containers to prevent cross contamination from occurring.	
☐ -Select- ☐ IN ☒ OUT ☐ NA ☐ NO	21 - TIME AND TEMPERATURE CONTROL FOR SAFETY - Proper hot holding temperatures	Chiles, Chorizo, and onions were temperatured at 98 degrees F. Hot food should be held above 135F. Please store these in hot holding areas or cook them as a dish is coming out.	
☐ -Select- ☐ IN ☒ OUT ☐ NA ☐ NO	22 - TIME AND TEMPERATURE CONTROL FOR SAFETY - Proper cold holding temperatures	North side prep refrigeration unit was temperatured at 51F and had ice cooling food. Please be sure to service this refrigeration unit, and to not store food in this unit until fixed.	
☐ -Select- ☐ IN ☒ OUT ☐ N/A	35 - FOOD TEMPERATURE CONTROL - Approved thawing methods used	Raw shrimp, bacon, and marinated meats were thawing in a two compartment sink. This is not approved thawing. Please thaw frozen meats under running water, or another approved thawing method.	



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☐ -Select- ☐ IN ☒ OUT ☐ N/A	51 - PHYSICAL FACILITIES - Plumbing installed, proper backflow devices	Mutiple faucets and floor drains were in violation: - Hand wash sink nearest the south side walk-in refrigeration unit was leaking from the pipes at the bottom of the basin. - Food Prep sink nearest the ice machine was leaking at the faucet. -Floor drain near the ice machine was not cover with a proper cover. -Floor drain the north side of the restaurant near behind the walk-in refrigeration unit was not draining and did not have a proper cover. Fix these issues as soon as possible to prevent bacterial growth, and still water from accumulating.	
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Overall Inspection Comment:

A routine food inspection was conducted today, the following was observed:

All hand wash sinks dispensed water above 100F. All Hand wash sinks had soap and paper towels. Basins were clean and free of debris.

Vent hoods were clean and free of debris.

All air gaps were sufficient.

3 compartment sink was set up correctly and dispensed water above 120F. Food prep sink dispensed water above 120F.

The last two pest control invoices were reviewed.

A reinspection will be conducted in a month to observe any improvements on violations

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

Signatures

Received By:

Inspected By:

Inspector Name: **Jesus Crespin**

Title: **EHS**

Date: **6/5/2025**

Email: **Jesus.Crespin@co.kings.ca.us**

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: _____