

### **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 - GR2 ( 12-100)

Facility Name		Facility Address			City/State			Zip Code	
GALERIA PIZZA NOSTRA 16		61 E I	1 E KINGS ST			AVENAL, CA			93204
Owner/Operator		Facility Phone No.	Inspection ID		Inspection Result				
OSVALDO AND JUAN CONTRERAS			5593865678	44457		Needs Improvement			
Inspector Name	Inspection D	ection Date Purpose of Inspection		Permit License		e Expiration Date		iration Date	
Chaitanya Patel	8/20/2024		Routine Inspection		PR0	009104		5/1/2	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-	22 - TIME AND	Facility currently has a walk in unin that is			
□ IN	TEMPERATURE CONTROL FOR SAFETY - Proper cold	being used without proper permits or equipment. The Faclity is using the walk in unit to store dairy products and bread. This unit was measured at 40F.			
☑ OUT	holding temperatures				
□ NA					
□ NO		The cheese bags were measured at 44F with a IR Thermometer.			
		This unit used as a cooler is a GE unit. This is not Food Grade Certifified NSF equipment. Replace the unit with Food Grade Certified.			
		Restrict use of this unit until necessary changes are made and proper equipment are installed.			



#### **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 - GR2 ( 12-100)

#### **Overall Inspection Comment:**

Faclity inspection comments -

3 Compartment sink which is also used as handwash sink noted with running hot water temp above 120F. Soap and Paper Towels available.

Hot holding temperature foe grilled chicken in the holt holding unit by the grill noted above 135F

Faclity currently has a walk in refrigeration unit which is being used without prior approval of plan check. This is being used to store dairy products, shelf steady temperature vegetables and shelf steady temperature breads. Restrict use of this unit until proper NSF Food grade equipment is installed.

Cold holding temperature for cut onions, tomatoes, jalapeños and lettuce in the food prep line refrigation unit noted below 41F. The reach in refrigeration unit storing dough and heavy cream noted below 45F. The reach in freezer storing pre packaged chicken, pepperoni among other items noted below 41F.

Food Manager Certificaiton active but not present on site. NO Food handlers certification available for the current food handlers at the facility. Provide Food handlers certification within 30 days.

Ansul ventilation hood system noted with minor buildup. Cleanliness in satisfactory condition.

A Follow Up Inspection will be conducted within 30 Days to observe compliance.

ATTENTION: There are a total of 1 item(s) marked above in violation. Total Major violations are 0.

	Signatures		
Received By:		Inspected By:	
monsse 2		CMY	
		Inspector Name: Chait:	
		Date: <b>8/20/2024</b>	lealth Officer I
		Email: Chaitanya.Pate Phone: 559-584-1411	l@co.kings.ca.us



### **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 - GR2 (12-100)** 

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:		