County of Kings - Department of Public Health
Environmental Health Serivces Division
330 Campus Drive Hanford, CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - www.countyofkings.com/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
TACO BELL 27301	(559) 386-4314	PR0003691	March 24, 2021
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
27494 DANA CIRCLE	KETTLEMAN CITY	93239	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD MANAGER:**	**EXP DATE:**	**INSPECTOR:**
TAYLOR LOESCH	Braulio Herrera Sainz	4/26/2023	Paven Batth

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: None Noted

General Comments:

Temperature Control: Proper hot and cold holding temperatures were measured during the inspection. Temperature logs were reviewed and deemed up-to-date.
Documentation: Copesan completes routine pest control services. Last documented pest control service was conducted today, March 24, 2021.
California Food Safety Certification: Regulatory requirements such as certifications for food safety (i.e., Food Safety Manager Certification) are obtained by this facility.
Sanitation: The three-compartment sink was measured at 200ppm of quaternary ammonium concentration.
Hand Wash Station/Restrooms: Hand wash station and restrooms were fully stocked. Hot and cold running water was readily available as well.
Other Comments: In response to the COVID-19 pandemic, please implement the State (CDPH) guidelines (i.e., maintain a physical distance of 6 feet between individuals, use EPA-approved disinfectants, etc) with your business. In order to help mitigate the spread of COVID-19 (i.e., increase the risk of exposure), a signature was not obtained. The inspection report will be emailed to the facility's point of contact.

RESULTS OF EVALUATION: [X] **PASS** [ ] **NEEDS IMPROVEMENT** [ ] **FAIL**

Reinspection Required: **Yes:** [ ] **No:** [X]

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

[X] Potential Food Safety All Star:

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

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
TACO BELL 27301	(559) 386-4314	PR0003691	July 02, 2020
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
27494 DANA CIRCLE	KETTLEMAN CITY	93239	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD MANAGER:**	**EXP DATE:**	**INSPECTOR:**
TAYLOR LOESCH	Braulio Herrera	4/26/2023	Luis Flores - 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.

Violation: None Noted

General Comments:

An inspection by this department was performed today to review the remodeling work completed at this facility along with the functionality of food prep equipment. The inspection revealed all hot holding equipment, refrigeration equipment, wash equipment, and exhaust hood were all properly operational.

The facility is hereby approved for re-opening at the facility operator's earliest convenience.

RESULTS OF EVALUATION: [X] **PASS** [ ] **NEEDS IMPROVEMENT** [ ] **FAIL**

Reinspection Required: **Yes:** [ ] **No:** [X]

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

[ ] Potential Food Safety All Star:

No signature obtained due to Covid-19

Received By:

Luis Flores - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
TACO BELL 27301	(559) 386-4314	PR0003691	February 10, 2020
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
27494 DANA CIRCLE	KETTLEMAN CITY	93239	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD MANAGER:**	**EXP DATE:**	**INSPECTOR:**
TAYLOR LOESCH	Braulio Herrera	4/26/2023	Paven Batth

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: None Noted

General Comments:

Hand washing station had soap, paper towels and hot water.
All cold holding units (example: cheese) were measured below 41F.
All hot holding units (example: ground beef) were measured above 165F.
Walk-in and reach-in units were well organized.
Sanitizer solution in the three compartment sink was measured at 200ppm of Quaternary Ammonium.
Restrooms were fully stocked.
Temperature logs were filled in.
Pest Control is serviced monthly.
An employee at this facility currently obtains a Food Manager Certification.
All employees have current California Food Handler Cards.

RESULTS OF EVALUATION: [X] **PASS** [ ] **NEEDS IMPROVEMENT** [ ] **FAIL**

Reinspection Required: **Yes:** [ ] **No:** [X]

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

[X] Potential Food Safety All Star:

Received By:

Paven Batth
Agency Representative

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