



County of Kings - Department of Public Health
Environmental Health Services 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: GARCIA'S SUPERMARKET #2	BUSINESS PHONE: (209) 416-8578	RECORD ID#: PR0010744	DATE: August 17, 2021
FACILITY SITE ADDRESS: 2749 W WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: J. GUADALUPE FLORES & BERTHA H. ZARAGOZA	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Paven Bathh

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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: No paper towels were observed by the handwashing sink, which is located in the general store area. Ensure all handwashing facilities are maintain stocked at all times.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Paper towel dispenser by the general store area was observed to be in disrepair. Ensure to have such equipment repaired in a timely manner.

General Comments:

Temperature Control: Cold holding temperatures were measured below 41F.
General Store Area: All food was properly shelved and placed at least 6 inches above the floor.
Vermin/Pest Control: Facility was noted to be free of any vermin infestation.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Paven Bathh

Received By:

Agency Representative

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



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OFFICIAL INSPECTION REPORT

FACILITY NAME: GARCIA'S SUPERMARKET #2	BUSINESS PHONE: (209) 416-8578	RECORD ID#: PR0010744	DATE: March 27, 2020
FACILITY SITE ADDRESS: 2749 W WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: PUBLIC INFORMATION/EDUCATIOI
OWNER NAME: J. GUADALUPE FLORES & BERTHA H. ZARAGOZA	Program Description: 1107 - KINGS DPH COVID-19	EXP DATE:	INSPECTOR: Paven Batth

The items (if any) listed below identify the Health Code 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:

At this time all food sales are for DELIVERY or TAKE-OUT/PICK-UP ONLY.

The staff is aware of social distancing by requesting that customers keep apart a minimum of six feet from each other and staff. Only allow entry to customers that can safely keep the same distance between them while they wait or encourage them to wait in their cars.

Staff is practicing safe food handling procedures to protect food from contamination, monitor hot & cold holding temperatures, and WASH HANDS.

Staff uses sanitizing solution (chlorine 100ppm or QAC 200ppm) for wiping down all counters and work surfaces to reduce the risk of contamination. All work surfaces should be cleaned and sanitized frequently to prevent contamination.

Under no circumstances are employees who feel sick or are sick with respiratory (i.e. fever, coughing or sneezing) or gastrointestinal (i.e. vomiting or diarrhea) symptoms are allowed to work in the facility.

This facility was inspected today to review and verify the above food and employee safety practices are being followed. Please contact our Department for further questions.

Reinspection Required: Yes: No: Reinspection Date (on or after): Not Specified

Received By: _____

Paven Batth
Environmental Health Specialist



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FOOD SAFETY EVALUATION REPORT

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD MANAGER, EXP DATE, INSPECTOR.

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: The lip of the facility's ice machine needs to be wiped clean as pink slime was observed. Please clean the lip of the ice machine by removing the ice and wiping it clean with a cloth and water/bleach solution.

The facility's restroom needs to have paper towels put into the paper towel dispenser.

General Comments:

Today's opening inspection took place due to a recent change in ownership. This facility is only equipped to sell prepackaged food items as it is not equipped with a kitchen. Currently, the facility is selling prepackaged food items and tortillas that are packaged at the facility's Kerman location, whole produce, Mexican bread that is brought from Mi Panaderia in Tulare, CA, and a few dairy products that are being stored in an approved reach-in cold holding unit. The cold holding unit storing potentially hazardous foods measured at 40F.

It is the owner's intention to remodel the facility in the future so that the facility may have a kitchen to make and sell food. As a reminder, prior to conducting any construction to the facility, construction plans must be submitted to our Department as well as the City of Corcoran for approval. Please note, that when the facility gets remodeled, a mop sink will also have to be installed as the facility currently does not have an approved mop sink.

This facility is hereby approved to solely sell prepackaged foods that also includes the tortillas, whole produce, and Mexican bread from an approved source.

A notice that indicates the change in ownership was noted on the door of the facility for the facility's ABC license. Please make sure to obtain a business license if one has not been obtained.

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:

Handwritten signature in blue ink.

Received By:

Veronica Ochoa -REHS

Agency Representative

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