



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

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 ceiling attic access is missing the cover. Replace the cover immediately so that air from the attic is not brought into the workable space areas.

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

Description/Corrective Action: The floor/wall top-set located directly in front of the restroom door was detached off the wall. Re-set the coving.

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

Description/Corrective Action: The restroom door window is broken out. Either replace the window with a privacy window or replace the entire door.

General Comments:

Monitored cold food temperatures were satisfactory.

Immediately work on correction action for the listed deficiencies.

RESULTS OF EVALUATION: [ ] PASS [X] 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:

Luis Flores - REHS

Agency Representative

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



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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> EDWARD'S BAKERY	<b>BUSINESS PHONE:</b> (559) 386-0545	<b>RECORD ID#:</b> PR0005255	<b>DATE:</b> February 10, 2021
<b>FACILITY SITE ADDRESS:</b> 512 S THIRD ST	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MARIA PORTILLO	<b>CERTIFIED FOOD MANAGER:</b> Ereli Gomez	<b>EXP DATE:</b> 5/30/2021	<b>INSPECTOR:</b> 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:** IMPROPER LABELING OF PREPACKAGED FOODS [HSC 114089-114090]

**Description/Corrective Action:** Small sized gelatin products produced by the bakery were observed for sale in the front display refrigerator. The products are not labeled with facility and content ingredient information as required by law. The products were removed from sale upon directive. Discontinue the practice of selling sealed non-labeled foods to the public. All sealed foods require, the manufacturers name, address, and telephone number along with an ingredient listing in descending by weight as well as the product weight.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** The food prep area handwash sink does not have soap and paper towel dispensers mounted on the wall. Have both required dispensers mounted ASAP. Have this completed with 48 hours. Notify me when the dispensers are installed by calling 559-584-1411.

**General Comments:**

The facility's lone reach-in refrigerator was monitored holding foods as below 41 F. The chest freezer was holding at 12 F. No hot food is prepared or stored. The cleanliness of the facility is very good even though the facility is a small bakery operation.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:

*No signature due to Covid-19*

*Luis Flores - REHS*

Received By: \_\_\_\_\_

Agency Representative \_\_\_\_\_

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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> EDWARD'S BAKERY	<b>BUSINESS PHONE:</b> (559) 386-0545	<b>RECORD ID#:</b> PR0005255	<b>DATE:</b> January 06, 2020
<b>FACILITY SITE ADDRESS:</b> 512 S THIRD ST	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MARIA PORTILLO	<b>CERTIFIED FOOD MANAGER:</b> Ereli Gomez	<b>EXP DATE:</b> 5/30/2021	<b>INSPECTOR:</b> Luis Flores - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.  
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**Violation:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:** A spray can of WD-40 was observed stored on rack shelving along with other food products. Do not store chemical materials with food products. The can was immediately removed from the stored location.

**General Comments:**

Overall, the facility was observed very well maintained and operated. The monitored refrigerated temperature of the diary product storing unit was monitored at 36F.

<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> <b>Reinspection Date (on or after):</b> N/A <input type="checkbox"/> Potential Food Safety All Star:
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