FOOD SAFETY EVALUATION REPORT

PERLITA RESTAURANT
2045 S DAIRY AVE
MARIO MEDINA (559) 410-0294 June 03, 2021
CORCORAN 93212

MARIO MEDINA

Paven Batth
ROUTINE INSPECTION

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 - 113953.2]

Description/Corrective Action: Observed soiled utensils inside the handwash sink. Discontinue such practice. Please note, the handwashing facility shall not be used for purposes other than handwashing.

Corrective Action Taken: The utensils were removed from the handwash sink and relocated to the 3-compartment sink.

VIOLATION: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT
[HSC 114095-114095.9 & 114101-114119]

Description/Corrective Action: Observed food residue build-up inside the reach-in refrigeration unit. Ensure clean such equipment on a routine basis.

VIOLATION: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION
[HSC 113980, 114025-114027]

Description/Corrective Action: Multiple food products (i.e., salsa container) in the reach-in refrigeration unit were observed to be uncovered. Ensure food is properly covered to prevent the potential risk of contamination.

VIOLATION: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT
[HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Floors & Walls:

Facility Floors are in need of a through cleaning.

- Observed flour residue on the floor, located underneath the commercial countertop dough mixer, which is located near the restroom.
- Settled grease and food debris were observed on the floor, located underneath the flat top grill and deep fryer.
- Settled grease and food debris were observed on the wall, located near the flat top grill and deep fryer.

Clean such areas on a frequent basis to ensure proper sanitation and cleaning procedures are taking place.

VIOLATION: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT
[HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Mildew build-up was observed on the nozzles of the soft drink dispenser. Clean such equipment on the regular basis to ensure proper cleaning practices are taken place at this facility.

NOTE: This report must be made available to the public on request.
FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERLITA RESTAURANT</td>
<td>(559) 410-0294</td>
<td>PR0005163</td>
<td>June 03, 2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2045 S DAIRY AVE</td>
<td>CORCORAN</td>
<td>93212</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARIO MEDINA</td>
<td>MARIO MEDINA</td>
<td>12/5/2024</td>
<td>Paven Batth</td>
</tr>
</tbody>
</table>

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.

General Comments:

Handwashing: Handwash sink was observed to be fully stocked. Hot and cold running water were also noted during the inspection.

Temperature Control: Proper hot and cold holding temperatures were measured during the inspection.

California Food Safety Certification: Regulatory requirements such as certifications for food safety (i.e., Food Safety Manager Certification) are obtained by this facility.

<table>
<thead>
<tr>
<th>RESULTS OF EVALUATION:</th>
<th>Reinspection Required:</th>
<th>Reinspection Date (on or after):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ PASS</td>
<td>□ Yes:</td>
<td>N/A</td>
</tr>
<tr>
<td>□ NEEDS IMPROVEMENT</td>
<td>□ No:</td>
<td></td>
</tr>
<tr>
<td>□ FAIL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reinspection Required: Yes: ☐ No: ☒

Reinspection Date (on or after): N/A

[Signature]

Paven Batth
Agency Representative

NOTE: This report must be made available to the public on request.
## OFFICIAL INSPECTION REPORT

**Facility Name:** PERLITA RESTAURANT  
**Business Phone:** (559) 410-0294  
**Record ID#:** PR0005163  
**Date:** March 26, 2020  
**Facility Site Address:** 2045 S DAIRY AVE  
**City:** CORCORAN  
**Zip Code:** 93212  
**Owner Name:** MARIO MEDINA  
**Program Description:** 1107 - KINGS DPH COVID-19  
**Exp Date:** 11/19/2024  
**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.

### Violations

- **1107 - KINGS DPH COVID-19**

None Noted

---

### General Comments:

The facility has made their dining completely inaccessible to customers and is encouraging customers to call-in their orders to minimize their wait.

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: [X] **Reinspection Date (on or after):** Not Specified

---

**Paven Batth**  
Environmental Health Specialist

Received By: 
FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERLITA RESTAURANT</td>
<td>(559) 410-0294</td>
<td>PR0005163</td>
<td>March 11, 2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2045 S DAIRY AVE</td>
<td>CORCORAN</td>
<td>93212</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARIO MEDINA</td>
<td>MARIO MEDINA</td>
<td>11/19/2024</td>
<td>Paven Batth</td>
</tr>
</tbody>
</table>

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: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]
Description/Corrective Action: Observed a cleaning spray bottle stored directly on top of a beverage case. Chemical products that contain hazardous substances need to be stored in approved shelving and separated from food.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]
Description/Corrective Action: Reach-in cooler was observed to be missing a thermometer. Please ensure thermometers are present for all refrigeration units to ensure appropriate food temperatures are being measured.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]
Description/Corrective Action: Paper towels were not supplied by the hand washing sink. Please restock paper towels by the hand wash sink to ensure proper hand washing practices are taking place at this facility. Ensure the hand washing station is maintained stock at all times.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]
Description/Corrective Action: Temperature in the reach-in cooler was noted at 48F. This violation was correct on site by facility operator. Temperature was adjusted and cooled down to 41F which is satisfactory.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]
Description/Corrective Action: 1) Accumulated grease was found on the pipes below the exhaust hood system. Maintain and clean such equipment to ensure sanitation.

2) Excessive grease build up was observed on the edges of the the flat top grill and fryer. Thoroughly clean such equipment to eliminate the accumulation of grease.

3) An accumulation of food debris and grease was observed on floor underneath the fryer. Thoroughly clean the floors to remove the accumulated grease and food debris. Maintain such areas to a clean condition.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]
Description/Corrective Action: During the inspection, food containers were observed uncovered in the reach-in cooler. Protect food from contamination by providing proper covers for all open food containers. Items that were noted uncovered included salsa, shredded chicken and shredded cheese.

General Comments:

NOTE: This report must be made available to the public on request
## Food Safety Evaluation Report

**Certified Food Manager:**

**City:**

**Business Phone:**

**Facility Site Address:**

**FACILITY NAME:** PERLITA RESTAURANT

**CITY:** CORCORAN

**FACILITY SITE ADDRESS:** 2045 S DAIRY AVE

**ZIP CODE:** 93212

**OWNER NAME:** MARIO MEDINA

**CERTIFIED FOOD MANAGER:** MARIO MEDINA

**EXP DATE:** 11/19/2024

**RECORD ID#:** PR0005163

**DATE:** March 11, 2020

**INSPECTION TYPE:** ROUTINE INSPECTION

---

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.

---

Restroom: The restroom was maintained stock (e.g., the restroom was supplied with soap, paper towels and hot water).

Please Note: Correct the noted violations from this routine inspection report.

<table>
<thead>
<tr>
<th>RESULTS OF EVALUATION:</th>
<th>PASS</th>
<th>X NEEDS IMPROVEMENT</th>
<th>FAIL</th>
</tr>
</thead>
</table>

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

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

**Potential Food Safety All Star:** [ ]

---

**Received By:** [Signature]

**Agency Representative:** Paven Batth

---

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