



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: TACO BELL #31650 COTTI FOODS CORPORATION	BUSINESS PHONE: (949) 858-9191	RECORD ID#: PR0009755	DATE: February 23, 2022
FACILITY SITE ADDRESS: 1059 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PETER CAPIROTTI	CERTIFIED FOOD MANAGER: Alyssa Garcia	EXP DATE: 2/2/2026	INSPECTOR: SEM HAR GEBREGZIABIHE

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

Description/Corrective Action: The hand wash sink close to the food prep area was dirty. Please clean these sinks regularly to prevent cross contamination when employees are washing their hands.

The soda machine nozzles next to the drive through window was dirty. Although the outside of the soda machine was clean, cross contamination may still occur if the inside of the nozzles aren't cleaned regularly.

Violation: OTHER PERMIT VIOLATION

Description/Corrective Action: The sanitizer bucket (ammonium) was below 100 ppm. Section 114099.6 of the CRFC (California Retail Food Code) states the sanitizer must be 200ppm for proper sanitation of all surfaces. This was immediately corrected and changed out. The manager stated the sanitizer bucket is changed out every 2 hours, however depending on how often this is used it may need to be switched out more often.

General Comments:

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



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-Routine Inspection-

All hand washing stations had hot water soap and paper towels.

The three compartment sink had hot water soap and paper towels. The sanitizer was not in use at the time however the detergent wash section was.

Pest control reports were available for review upon request. No pest activity was report, the last report was conducted on 2/10/22.

Hot holding temperatures for brown beans was 178.8F.

Hot holding temperature for beef was 189.4F.

All freezer units containing beef, chicken, cheese etc. was -2.3F and below. Each packaged item was individually labeled properly.

All refrigeration units containing tomatoes, lettuce, cheese, beef, chicken, etc. was at 41F and below.

All employees practiced safe food handling by washing their hands regularly, as well as changing gloves and washing their hands before putting on a new pair of gloves when transitioning to different tasks.

All dry storage was placed six inches above the ground.

One restroom was out of order due to construction work, however the men's restroom was still operational. Hot water, soap, and paper towels was available in the men's restroom.

Overall well maintained facility.

Please fix the noted violation above.

Thank you for your time.

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

SEM HAR GEBREGZIABIHE

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TACO BELL #31650 COTTI FOODS CORPORATION	BUSINESS PHONE: (949) 858-9191	RECORD ID#: PR0009755	DATE: July 09, 2021
FACILITY SITE ADDRESS: 1059 N LEMOORE AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PETER CAPRIOTTI	CERTIFIED FOOD MANAGER: Yee Vang	EXP DATE: 5/18/2023	INSPECTOR: Veronica Ochoa -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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: The hand wash faucet in what would be the men's restroom was observed excessively leaking when turned on. Please repair and/or replace this restroom faucet.

Violation: OTHER PERMIT VIOLATION

Description/Corrective Action: A new water heater was observed sitting in the middle of the facility's back storage area. An employee indicated that the water heater was going to be replaced. Prior to the water heater being replaced, a permit with the City of Lemoore must be obtained. The replacement of the water heater can only be done during non business hours as the facility cannot operate without hot water. The new water heater must be of the same size or larger than the one it is replacing.

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

Description/Corrective Action: The hood baffles were observed taken off for cleaning during the inspection; however, the facility was observed utilizing the cooking equipment. An excessive amount of grease was observed build up and no sticker of when the hood was last serviced professionally was available for review. As a result, the hood must be professionally cleaned as not doing so may lead to a grease fire. Please do not clean the hood baffles during business hours.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.
Food items on the steam table measured well above 135F.
Cold holding temperatures measured at or below 41F.
Temperature logs were reviewed and noted to be maintained.

During the inspection, it was observed that the facility's carbon dioxide tank that is used for the soft drinks meets threshold (1,000 cubic feet or above) that it must be reported on the California Environmental Reporting System (CERS). The CERS website can be accessed by visiting www.cers.calepa.ca.gov. The reporting of the carbon dioxide must be done within the next 30 days. Should the facility have any questions regarding the reporting requirements, please contact our department at 559-584-1411.

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RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By: _____

Veronica Ochoa -REHS

Agency Representative _____

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