



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 PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]

Description/Corrective Action: The mop sink water supply located in the restroom was shut-off. Turn on the water supply to the sink. Check the water supply valves. If valves or plumbing lines leak, replace them.

Violation: FACILITY DOES NOT HAVE A VALID PERMIT [HSC 114381 (a)]

Description/Corrective Action: This facility is now under new ownership. The new owner is Daisy Lopez. Her personal contact phone # is 559-961-2613 and an e-mail of araceli28+lopez@hotmail.com.

Violation: IMPROPER PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]

Description/Corrective Action: The sink located in the front food prep area has low water pressure. Check the water faucet spout screen to see if it is clogged or check to see if water supply lines are in full on mode.

Violation: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: This operation currently is operated by a couple. Neither individual has food handler certifications including at least one food safety manager certification.

General Comments:

No hot foods are served at this facility. All refrigeration units were measured holding required State Food Code temperatures.

As discussed with you today, you are hereby required to immediately file a food vending permit application with this department within 24 hours. The City of Avenal will also be contacted about this matter.

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

FACILITY NAME: LA BOTANA EXPRESS	BUSINESS PHONE: (559) 386-1210	RECORD ID#: PR0010249	DATE: October 17, 2018
FACILITY SITE ADDRESS: 833 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JUANA PEREZ ROBLES	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Abel Simon - 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:

- The hand wash station was noted to be fully stocked.
- The temperature of all cold holding refrigeration units was noted to be at or below 41°F.
- The temperature of hot holding unit was noted to be at
- The restroom was noted to be fully stocked.
- The general maintenance of the facility was noted to be in satisfactory in condition.
- Thank you.

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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Juana Perez

 Received By:

Abel Simon - REHS

 Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LA BOTANA EXPRESS	BUSINESS PHONE: (559) 386-1210	RECORD ID#: PR0010249	DATE: April 05, 2018
FACILITY SITE ADDRESS: 833 SKYLINE BLVD	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JUANA PEREZ ROBLES	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Vikram Manke

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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: Operator did not have a certified food manager certification. Please obtain the certification within 60 days.

General Comments:

Hand wash station had soap, paper towels, and warm water supply.
Kitchen area was observed in clean condition.
Three compartment sink had dish soap, hot water supply and sanitizer supply.
Restroom was observed in satisfactory condition.

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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J. Perez

Vikram Manke

Received By:

Agency Representative

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