FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LA BOTANA EXPRESS

BIOUSINESS PHONE: (559) 386-1210

RECORD ID#: PRO010249

DATE: April 04, 2022

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: Luis Flores - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.

A reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

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Violation: IMPROPER PLUMBING OR LIQUID WASTE DISPOSAL

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

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 araceli28lopez@hotmail.com.

Violation: IMPROPER PLUMBING OR LIQUID WASTE DISPOSAL

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

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.

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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.

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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:

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Received By: 

Luis Flores - REHS

Agency Representative

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

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<tr>
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<tbody>
<tr>
<td>LA BOTANA EXPRESS</td>
<td>(559) 386-1210</td>
<td>PR0010249</td>
<td>October 17, 2018</td>
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<tr>
<td>JUANA PEREZ ROBLES</td>
<td>Not Specified</td>
<td></td>
<td>Abel Simon - REHS</td>
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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: ☒ PASS ☐ NEEDS IMPROVEMENT ☐ FAIL

Reinspection Required: ☐ Yes: ☒ No: ☐

Reinspection Date (on or after): N/A

Potential Food Safety All Star: ☐

Received By: [Signature]

Abel Simon - REHS
Agency Representative

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<td>Vikram Manke</td>
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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:**

- [ ] PASS
- [ ] NEEDS IMPROVEMENT
- [X] FAIL

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

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

**Potential Food Safety All Star:**

- [ ]

Received By: [Signature]

[Name]

Agency Representative: 

[Name]

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