



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 HOT HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Portions of the steam table were observed off during today's re-inspection. Food items on the steam table measured between 100-110F. Once again, the owner and employee were made aware that any time food is on the steam table, the steam table must be turned on. Any food that is to be hot held on the steam table must measure at 135F or above. In order to help maintain food items at proper temperatures, all food items should be covered with food grade lids.

Violation: IMPROPER LABELING OF PREPACKAGED FOODS [HSC 114089-114090]

Description/Corrective Action: Prepackaged baked bread rolls were observed unlabeled during the re-inspection. Once again the owner and the employee were instructed to label all prepackaged goods with the facility name, product name, and its ingredients.

General Comments:

Today's a re-inspection took place to verify if the violations noted on the June 28, 2021 inspection report were corrected. The re-inspection revealed that all of the violations, except for the ones noted, have been corrected. During today's re-inspection, no live or dead cockroaches were observed. Proof of pest control service have been submitted to this department. The facility's ice machine was not turned on during the inspection; however, the employee that was present indicated that the leak had been repaired. The facility's business name has now been placed on the facility door and windows. According to the owner, a large sign with the facility name will be placed on the outside of the facility.

Please work on correcting the remaining noted violations.

RESULTS OF EVALUATION: [X] PASS [] 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:

Veronica Ochoa -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: FRANCIS ROMERO AND SONS	BUSINESS PHONE: (559) 903-7724	RECORD ID#: PR0010906	DATE: June 28, 2021
FACILITY SITE ADDRESS: 245 E ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ART ROMERO	CERTIFIED FOOD MANAGER: LILBETH GRANDE	EXP DATE: 5/31/2025	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: IMPROPER HOT HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Food items on the steam table measured at 120F at the time of the inspection. While onsite, it was determined that the facility did not have the steam table on. As a result, the owner was made aware of the steam table not being on and turned it on.

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

Description/Corrective Action: The facility's ice machine was observed leaking at the time of the inspection. Please repair the leak to the ice machine.

Violation: IMPROPER LABELING OF PREPACKAGED FOODS [HSC 114089-114090]

Description/Corrective Action: Baked bread rolls were observed unlabeled at the time of the inspection. The owners were instructed to label all prepackaged baked goods with the facility name, product name, and its ingredients.

Violation: VERMIN INFESTATION [HSC 114259.1]

Description/Corrective Action: Live and dead cockroaches were observed in the employee restroom and dry storage area. No proof of pest control was available at the time of the inspection. Please have a certified pest control company service the facility and show proof of the service to our department.

Violation: OTHER PERMIT VIOLATION

Description/Corrective Action: The previous business name, which is Trinity Justo was observed still on the outside of the facility. The owner indicated that signs have been purchased to change the name from the outside but that the signs have not arrived. Please change the business name from the outside when the sign arrives.

General Comments:

Due to the violations observed during the routine inspection, the facility will be reinspected to ensure the listed violations have been corrected. This reinspection will be free of charge; however, should subsequent reinspections be needed to obtain compliance, the facility will be assessed \$226 per reinspection.

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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.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): 7/28/2021

Potential Food Safety All Star:

Received By:

Veronica Ochoa -REHS

Agency Representative

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