**FOOD SAFETY EVALUATION REPORT**

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>HANFORD PORTUGUESE BAKERY</th>
<th>BUSINESS PHONE:</th>
<th>(559) 904-1512</th>
<th>RECORD ID#:</th>
<th>PR0006138</th>
<th>DATE:</th>
<th>May 04, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACILITY SITE ADDRESS:</td>
<td>1738 N 10TH AVE</td>
<td>CITY:</td>
<td>Hanford</td>
<td>ZIP CODE:</td>
<td>93230</td>
<td>INSPECTION TYPE:</td>
<td>ROUTINE INSPECTION</td>
</tr>
<tr>
<td>OWNER NAME:</td>
<td>OSVALDO &amp; FATIMA LOURENCO</td>
<td>CERTIFIED FOOD MANAGER:</td>
<td>OSVALDO LOURENCO</td>
<td>EXP DATE:</td>
<td>11/20/2025</td>
<td>INSPECTOR:</td>
<td>SEMHAR GEBREGZIABIHE</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:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT  
[HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed a leak in the three compartment sink facet. The operator stated that her son is in the process of replacing the facet. Please have this replaced as soon as possible and contact our office once it is done.

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

**Description/Corrective Action:** Observed a dirty baking pot stored in the dry storage rack. Please remove this and clean it before storing it in the dry storage area to prevent pest attraction.

**General Comments:**

Observations:

All refrigeration units were functioning properly at the time of inspection at 41F and below.

All freezer units were functioning properly at 0F and below.

All dry storage was well maintained and placed six inches above the ground.

Hand washing station was fully stocked with hot water, soap, and paper towels.

The three compartment sink had hot water, but was not in use during the time of inspection.

Please correct the above noted violations in a timely manner.

Thank you for your time.

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

FACILITY NAME: HANFORD PORTUGUESE BAKERY
BUSINESS PHONE: (559) 904-1512
RECORD ID#: PR0006138
DATE: May 04, 2022

FACILITY SITE ADDRESS: 1738 N 10TH AVE
CITY: HANFORD
ZIP CODE: 93230
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: OSVALDO & FATIMA LOURENCO
CERTIFIED FOOD MANAGER: OSVALDO LOURENCO
EXP DATE: 11/20/2025
INSPECTOR: SEMHAR 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.

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:

Semhar Gebregziabihe
Agency Representative

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

FACILITY NAME: HANFORD PORTUGUESE BAKERY
BUSINESS PHONE: (559) 904-1512
RECORD ID#: PR0006138
DATE: September 14, 2021

FACILITY SITE ADDRESS: 1738 N 10TH AVE
CITY: HANFORD
ZIP CODE: 93230
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: OSVALDO & FATIMA LOURENCO
CERTIFIED FOOD MANAGER: OSVALDO LOURENCO
EXP DATE: 11/20/2025
INSPECTOR: Yatee Patel - REHS

None Noted

Violation:

Hand washing station fully stocked.
Reach in was 38F during today's inspection.
Facility was observed very well organized and clean.
All pre-packaged items above 6" above floor.
Please remember to label all packaged items with name and number of facility.
Over all facility in excellent condition.

General Comments:

Reinspection Required: Yes: No: X
Reinspection Date (on or after): N/A
Potential Food Safety All Star:

RESULTS OF EVALUATION: X PASS ☐ NEEDS IMPROVEMENT ☐ FAIL

Yatee Patel - REHS
Agency Representative

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