## FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUE PASA MEXICAN CAFE</td>
<td>(661) 619-9242</td>
<td>PR0009393</td>
<td>December 12, 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1675 W LACEY BLVD</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALDO CISNEROS</td>
<td>JOSE CUEVAS</td>
<td>4/4/2021</td>
<td>Liliana Stransky - REHS</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:**
- The kitchen flooring needs to be resealed to allow for proper cleaning.
- Repair the water leak for the drain pipe of the hand washing sink near the ice machine.

### Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:**
- Keep all foods inside the reach-in refrigerator covered to prevent cross-contamination.
- Do not use plastic (non-food) bags for storing or reheating food. Use food containers and corresponding lids for food storage.
- Replace the sanitizing solution for the red buckets at the bar. The QAC concentration was observed at 0ppm.

### General Comments:

Routine inspection -

* Observed every hand washing station stocked with soap, paper towels and hot water was also available.

* Cold holding temperatures for refrigeration units were at or below 41F. Food was observed properly stored and labeled. Please include dates of food prep to rotate using first-in first-out principle.

* Chlorine sanitizer for the dishwasher was noted at 100ppm.

* Restrooms were observed clean with fully stocked hand washing stations.

In general the facility was observed well maintained and organized.
## FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUE PASA MEXICAN CAFE</td>
<td>(661) 619-9242</td>
<td>PR0009393</td>
<td>December 12, 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1675 W LACEY BLVD</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALDO CISNEROS</td>
<td>JOSE CUEVAS</td>
<td>4/4/2021</td>
<td>Liliana Stransky - REHS</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.

### RESULTS OF EVALUATION:

- **PASS**
- **NEEDS IMPROVEMENT**
- **FAIL**

- **Reinspection Required:** No
- **Reinspection Date (on or after):** N/A

- Potential Food Safety All Star:

---

Received By:

Liliana Stransky - REHS

Agency Representative

---

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

FACILITY NAME: QUE PASA MEXICAN CAFE
FACILITY SITE ADDRESS: 1675 W LACEY BLVD
OWNER NAME: BALDO CISNEROS

BUSINESS PHONE: (661) 619-9242
CITY: HANFORD
CERTIFIED FOOD MANAGER: JOSE CUEVAS

RECORD ID#: PR0009393
ZIP CODE: 93230
EXP DATE: 4/4/2021

DATE: June 28, 2019
INSPECTOR: Susan Lee-Yang - REHS
INSPECTION TYPE: ROUTINE INSPECTION

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 hood baffles facing both vertical and horizontal directions on one of the hood unit. This hood unit also did not have enough baffles to cover the entire unit. Ensure proper hood baffles are installed and all baffles are facing the correction direction.

Observed an oil spray bottle by the grill unlabeled. Ensure the spray bottle is labeled to prevent possible cross contamination.

General Comments:

Restroom and hand wash stations have hot water, soap, and paper towels.

All cold holding units were noted at or below 41F.

 Beans, chicken, and beef on the steam tables were noted above 135F.

 Chlorine sanitizer buckets were noted at 200 ppm.

 Chlorine sanitizer for the dishwasher was noted at 50 ppm.

Observed good organization inside cold holding units.

Facility is clean and maintained.

RESULTS OF EVALUATION: ☑ PASS ☐ NEEDS IMPROVEMENT ☐ FAIL

Reinspection Required: Yes: ☐ No: ☑

Reinspection Date (on or after): N/A

☑ Potential Food Safety All Star:

Susan Lee-Yang - REHS
Agency Representative

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