FOOD SAFETY EVALUATION REPORT

VALLE GRULLENSE BAR & GRILL
901 W LACEY BLVD
MICHEL FAMILY, INC
(559) 772-8045
Juana Partida
3/9/2021
Susan Lee-Yang - 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 MAINTENANCE OF FACILITY OR EQUIPMENT
[HSC 114161-114182 & 114257]
Description/Corrective Action: Observed several wall tiles missing behind the stock pot burners. Replace missing wall tiles.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES
[HSC 113953 - 113593.2]
Description/Corrective Action: Observed wall mounted paper towel dispenser at the kitchen hand wash sink removed from the wall. Employee stated there is a new paper towel dispenser available. Ensure the new paper towel dispenser is mounted to the wall.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT
[HSC 114095-114099.5 & 114101-114119]
Description/Corrective Action: Observed hood baffles accumulated with grease. Observed mildew accumulation on the interior of the ice machine and on the soda nozzle located in the bar. Routine cleaning is needed to ensure there is no accumulation.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S)
[HSC 113996]
Description/Corrective Action: Ambient temperature of cold prep unit storing meat and seafood located in front of the electrical breaker box was noted at 50F. Employees stated the breaker for the electrical outlet doesn't hold. Investigate the cause of the problem and ensure the cold prep unit is able to maintain 41F and below.

General Comments:

Other than noted, hand wash stations have hot water, soap, and paper towels.

Shredded chicken and rice on the steam table were measured above 135F.

Other than noted, cold holding units were measured at or below 41F.

Chlorine sanitizer for the dishwasher was measured at 50 ppm.

Observed all workers wearing face mask.

A copy of the unsigned report will be emailed to the owner. Please contact our office at 559-584-1411 if there are any questions.
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>VALLE GRULLENSE BAR &amp; GRILL</td>
<td>(559) 772-8045</td>
<td>PR0010050</td>
<td>September 23, 2020</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>901 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>MICHEL FAMILY, INC</td>
<td>Juana Partida</td>
<td>3/8/2021</td>
<td>Susan Lee-Yang - 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:  ☐ Yes:  ☒ No:  
Reinspection Date (on or after):  N/A

[ ] Potential Food Safety All Star:

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

FACILITY NAME: VALLE GRULLENSE BAR & GRILL
FACILITY SITE ADDRESS: 901 W LACEY BLVD
OWNER NAME: MICHEL FAMILY, INC
BUSINESS PHONE: (559) 772-8045
CITY: HANFORD
CERTIFIED FOOD MANAGER: Juana Partida
RECORD ID#: PR0010050
ZIP CODE: 93230
EXP DATE: 3/9/2021
INSPECTOR: Yatee Patel - REHS
DATE: March 05, 2020

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: OTHER PERMIT VIOLATION

Description/Corrective Action: Observed a smoky dining area. Chances are that there is a problem with the hood and overall ventilation system. Please look into that and have the necessary repairs done. The hood filters were observed clean and the manager stated they were cleaned in the beginning of this week.

General Comments:

Today's re-inspection was done for compliance:

The employees were observed washing hands at the hand washing station.

Temperature logs are now noted for the walk in and hot holding foods two times a day.

No employee that were prepping was observed with jewelry.

The meat prep area is now designated for only raw meats. Please continue this practice.

All floor drains and plumbing were fixed.

Sanitizer stripes were available to monitor the sanitizer levels.

Please continue safe food practices and employee hygiene practices.

Thank you

RESULTS OF EVALUATION: 

- PASS
- NEEDS IMPROVEMENT
- FAIL

Reinspection Required: Yes: No: X

Reinspection Date (on or after): N/A

Potential Food Safety All Star: 

Received By: 

Yatee Patel - REHS
Agency Representative

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