



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

FACILITY NAME: TAQUERIA LA PIEDAD	BUSINESS PHONE: (559) 704-9012	RECORD ID#: PR0006921	DATE: April 09, 2021
FACILITY SITE ADDRESS: 228 E KINGS ST C	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: EVERARDO AGUIRRE	CERTIFIED FOOD MANAGER: Esther Ortega	EXP DATE: 8/1/2019	INSPECTOR: Luis Flores - 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: NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES

Description/Corrective Action: Diana Oritz who was the lone employee onsite reported she did not have a current food handler certificate. This must be renewed ASAP and by no later than next Friday. Submit a copy of the food handler certificate renewal by next Friday via e-mail to luis.flores@co.kings.ca.us.

General Comments:

All refrigerated foods were monitored at below 41 F.
 All hot foods held in the steam table were holding well above 135 F.
 The lone employee on hand was observed to be using disposable gloves and was wearing a face covering.
 Both hot and cold water supply to each point of use was functional and handwash stations were stocked with soap and paper towels.
 The facility was observed to be storing and organization food products very well.

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

No signature due to Covid-19

Luis Flores - REHS

Received By: _____

Agency Representative _____

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



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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: LACK OF OR IMPROPER USE OF THERMOMETERS [HSC 114157-114159]

Description/Corrective Action: Facility did not have a thermometer for checking or monitoring food cooking or holding temperatures. Staff could not find a thermometer when asked if the facility had one. Please obtain a proper probe type thermometer for monitoring holding and cooking temperatures. This department recommends a digital tip-sensitive thermometer.

Violation: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Employee/customer restroom was observed with out toilet paper, please restock. Paper hand towel dispenser was observed empty. A roll of paper hand towels was observed stored on the back of the toilet tank. Please replace the paper towel dispenser with the proper hand towels. Corrected during inspection.

Violation: UNNECESSARY ITEMS AND LITTER (HSC 114257.1)

Description/Corrective Action: Please remove all broken or unused equipment. non-functional ice machine, two under counter dishwashers, deep fat fryer with minor amounts of old grease inside or any other unused or broken items must be removed.

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

Description/Corrective Action: Back storage area a meat slicer was observed on a stainless steel table, as well as other food preparation items, it appeared the area was being used as a meat preparation/carniceria area. The wall behind the meat slicer did indicate the slicer was used as old food debris was observed on the wall. The sign on the front window of the facility reads "Taqueria Y Carnceria La Piedad". After speaking with staff today, she stated they do not use the meat slicer in the back room and the sign is a dual purpose sign as the owner does have another facility in Coalinga as indicated on the sign. At this time the back area is a storage area, all food preparation must be conducted within the kitchen area. If food preparation is being conducted in the back storage are, you are asked to discontinue this practice immediately.

General Comments:

All hot holding temperatures on the steam table measured above 135°F. All cold holding temperatures were measured at or below 41°F

Kitchen hand wash sink was observed properly stocked.

Please correct all noted violations by next routine inspection.

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: TAQUERIA LA PIEDAD	BUSINESS PHONE: (559) 704-9012	RECORD ID#: PR0006921	DATE: January 04, 2019
FACILITY SITE ADDRESS: 228 E KINGS ST C	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: EVERARDO AGUIRRE	CERTIFIED FOOD MANAGER: Esther Ortega	EXP DATE: 8/1/2019	INSPECTOR: Troy Hommerding-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.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Esther Ortega

Received By: _____

Troy Hommerding-REHS

Agency Representative _____

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