

Environmental Health Serivces Division 330 Campus Drive Hanford, CA 93230 Phone - 559-584-1411 Fax - 559-584-6040 Internet - www.countyofkings.com/ehs

FOOD SAFETY EVALUATION REPORT

	BUSINESS PHONE:				
	DOGINEOU I NONE.		RECORD ID#:	DATE:	
	(559) 925-9125		PR0000474	September 01, 2021	
	CITY:		ZIP CODE:	INSPECTION TYPE:	
	LEMOORE		93245	ROUTINE INSPECTION	
	CERTIFIED FOOD MAN	AGER:	EXP DATE:	INSPECTOR:	
	REYNA SALAS		6/5/2023	Veronica Ochoa -REHS	
` '		•		ı.	
NOT MAINTAINI	ED			[HSC 114250 & 114276]	
the hot water water as the h and bar area. was observed	heater may have turn not water heater in the Also, the hand wash I low. Please make si	ned off. The reset it is need off. The reset is the reset of the reset	st of the facility ces the kitchen most updated re	was equipped with hot , front waitress station, estroom water pressure	
below 41F.			o, paper towels	and hot water.	
			Reinspection	Required: Yes:	No: X
ASS NEED	S NEEDS IMPROVEMENT		Reinspection	Date (on or after): Potential Food Safety All S	N/A Star:
			-		
	NOT MAINTAIN Both of the farthe hot water as the hand bar area. was observed pressure issues that ion, kitchen, at below 41F.	CERTIFIED FOOD MANAREYNA SALAS ion(s) that must be corrected. Thank you for at no charge. A service fee is assessed for each of the facility's restrooms were the hot water heater may have turn water as the hot water heater in the and bar area. Also, the hand wash was observed low. Please make supressure issue.	CERTIFIED FOOD MANAGER: REYNA SALAS ion(s) that must be corrected. Thank you for your cooperation at no charge. A service fee is assessed for each additional rein to charge. A service fee is assessed for each additional rein to charge. A service fee is assessed for each additional rein to charge. A service fee is assessed for each additional rein to charge. A service fee is assessed for each additional rein to charge. A service fee is assessed for each additional rein to charge. A service fee is assessed for each additional rein to charge. A service fee is assessed for each additional rein to charge. A service fee is assessed for each additional rein to charge. A service fee is assessed for each additional rein to charge. A service fee is assessed for each additional rein to charge. A service fee is assessed for each additional rein to charge. A service fee is assessed for each additional rein to charge. A service fee is assessed for each additional rein to charge. NOT MAINTAINED Both of the facility's restrooms were not equipped the hot water heater in the kitchen service and bar area. Also, the hand wash station in the represented by the pressure is successful. Station, kitchen, and bar area were stocked with soal relationship to charge fee is assessed for each additional rein to charge fee is assessed for each additional rein to charge fee is assessed for each additional rein to charge fee is assessed for each additional rein to charge fee is assessed for each additional rein to charge fee is assessed for each additional rein to charge fee is assessed for each additional rein to charge fee is assessed for each additional rein to charge fee is assessed for each additional rein to charge fee is assessed for each additional rein to charge fee is assessed for each additional rein to charge fee is assessed for each additional rein to charge fee is assessed for each additional rein to charge fee is assessed for each additional rein to charge fee is assessed for each additional rein to charge fee is assessed fo	CERTIFIED FOOD MANAGER: REYNA SALAS CONTINUED Both of the facility's restrooms were not equipped with hot water the hot water heater may have turned off. The rest of the facility water as the hot water heater in the kitchen services the kitchen and bar area. Also, the hand wash station in the most updated rewas observed low. Please make sure to correct the hot water issue. Station, kitchen, and bar area were stocked with soap, paper towels below 41F. dinner and the hours consist 4:00-9:00 p.m. Reinspection	LEMOORE CERTIFIED FOOD MANAGER: REYNA SALAS EXP DATE: (6/5/2023 Veronica Ochoa -REHS ion(s) that must be corrected. Thank you for your cooperation. In no charge. A service fee is assessed for each additional reinspection required. NOT MAINTAINED [HSC 114250 & 114276] Both of the facility's restrooms were not equipped with hot water as the owner believes the hot water heater may have turned off. The rest of the facility was equipped with hot water as the hot water heater in the kitchen services the kitchen, front waitress station, and bar area. Also, the hand wash station in the most updated restroom water pressure was observed low. Please make sure to correct the hot water issue as well as the water pressure issue. Station, kitchen, and bar area were stocked with soap, paper towels and hot water. To below 41F. dinner and the hours consist 4:00-9:00 p.m. Reinspection Required: Yes: Reinspection Date (on or after):

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



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OFFICIAL INSPECTION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
REYNA'S RESTAURANT	(559) 925-9125	PR0000474	March 26, 2020
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:
333 E ST	LEMOORE	93245	PUBLIC INFORMATION/EDUCATION
333 E 31	LEMOORE	93245	POBLIC INFORMATION/EDUCATION
OWNER NAME:	Program Description:	EXP DATE:	INSPECTOR:
REYNA SALAS	1107 - KINGS DPH COVID-19	1/22/2020	Veronica Ochoa -REHS
The items (if any) listed below identify the Health Code vio One reinspection will be conducted (if needed) at no charge	` '	•	•
Violation: None Noted			
General Comments:			
The following were discussed with the owner/operate	or during today's visit:		
1. The facility has made their dining completely inacc	cessible to customers.		
2. At this time all food sales are for DELIVERY or TA	KE-OUT/PICK-UP ONLY.		
3. The staff is aware of social distancing by requesting	ng that customers keep apart a n	ninimum of six feet	from each other
and staff.			
4. Staff is practicing safe food handling procedures,			
All work surfaces should be cleaned and sanitized contamination.	l with 100 ppm chlorine or 200 pp	om QAC frequently	to prevent
6. Under no circumstances are employees who feel	sick or are sick with respiratory (e fever coughing	or speezing) or
gastrointestinal (i.e. vomiting or diarrhea) symptoms			or sneezing) or
3			
Please contact our department should you have furth	ner questions.		
Reinspection Required: Yes: No: X	Reinspection Date (on or a	fter): Not Sp	ecified
		Verd	onica Ochoa -REHS
		Environmental Health	Specialist
Received By:			

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: REYNA'S RESTAURANT		BUSINESS PHONE: (559) 925-9125		RECORD ID#: PR0000474	DATE: December 12, 2019	
					·	
FACILITY SITE ADDRESS: 333 E ST		CITY: LEMOORE		ZIP CODE : 93245	INSPECTION TYPE: ROUTINE INSPECTION	
OWNER NAME:		CERTIFIED FOOD MANA	GFR·	EXP DATE:	INSPECTOR:	
REYNA SALAS		ARACELY SALAS	OLIV.	1/22/2020	Veronica Ochoa -REHS	
The items (if any) listed below identify the violatio One reinspection will be conducted (if needed) at						
Violation: REQUIREMENT NOT MET	FOR CALIFO	RNIA FOOD HANDLE	R CARD LAV	V		
Description/Corrective Action:						
Violation: IMPROPER MAINTENANCE	OF HANDW	ASH FACILITIES		[1	HSC 113953 - 113593.2]	
Description/Corrective Action:	containers in	side of the sink as well and wash stations unob	as food carts	s in front of the s	as obstructed with food ink. Please make sure an utilize the hand	
General Comments:						
Hand wash stations were stocked with Cold holding units measured at or bel Chicken, rice, and beans on the stear	ow 41F.					
Note: the facility's hood is due to be p Also, the facility's Corcoran location re location for the Corcoran facility, the v food product on the floor. It would be facility's food manager's certification is course. When a new manager's certific	eceives food p valk-in refrigera advisable to has s set to expire	roduct at this location. ator becomes overfilled ave the Corcoran locat January 2020. Please	However, who and employ ion receive domake sure to	en food product rees have no cho eliveries at its fac have someone	is delivered to this sice but to store the cility. Also, the sign-up for the	
				Reinspection I	Required: Yes: N	o: X
RESULTS OF EVALUATION: X PASS		EDS IMPROVEMENT FAIL	FAIL	Reinspection I	Date (on or after):	I/A
					Potential Food Safety All Sta	ır:
Reyner Sa	lac			Veronica Ocho	_	
NOTE:	This report r	nust be made availa	ble to the pu	ublic on request	i	

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: REYNA'S RESTAURANT		BUSINESS PHONE: (559) 925-9125		RECORD ID#: PR0000474	DATE: June 26, 2019		
FACILITY SITE ADDRESS: 333 E ST		CITY: LEMOORE	ZIP CODE: INSPECT		INSPECTION TYPE: ROUTINE INSPECTION	SPECTION TYPE:	
OWNER NAME:		CERTIFIED FOOD MANAGER: ARACELY SALAS		EXP DATE : 1/22/2020	INSPECTOR: Veronica Ochoa -RE		
the items (if any) listed below identify the violation reinspection will be conducted (if needed) a		_					
Violation: IMPROPER COLD HOLDII	NG TEMPERAT	URE(S)			[HSC 113996]		
called for the unit		I holding unit in the wa unit to be serviced at naintains foods at or b	the time of the				
Violation: IMPROPER CLEANING O	F UTENSILS AN	ND EQUIPMENT		[HSC 114	095-114099.5 & 114101-11	4119]	
Description/Corrective Action:	cycle. As a re chlorine sanit utensils need	sult, the owner called	for the unit to opm after the fi the dishwashe	be serviced. Ple nal rinse cycle. er is serviced, pl	Should dishes and/or ease do so by	!	
Beans, rice, and chicken on the stea Valid food handler cards were shown RESULTS OF EVALUATION: X PA	n during today's		☐ FAIL	Reinspection I	Required: Yes:	No: X	
NECOCIO OI EVALUATION.	.00 L	SO IMI ROVEMENT	LITAL	Reinspection I	Date (on or after):	N/A	
					Potential Food Safety Al	ıl Star:	
Received By:	ler	-		Veronica Ocho		_	

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