

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

FACILITY NAME:		BUSINESS PHONE:		RECORD ID#:	DATE:
NAPOLES BAKERY & RESTAURANT		(559) 362-4911		PR0000132	December 21, 2021
FACILITY SITE ADDRESS:		CITY:		ZIP CODE:	INSPECTION TYPE:
1045 DORAN AVE		CORCORAN		93212	ROUTINE INSPECTION
OWNER NAME:		CERTIFIED FOOD MANA	AGER:	EXP DATE:	INSPECTOR:
SOCORRO MARIBOJOC/CAROLINA CASTRO		RICHARD MEDINA		12/5/2026	MIKEL CHATELLE - REHS
The items (if any) listed below identify the violation(s One reinspection will be conducted (if needed) at no		_			
Violation: IMPROPER COLD HOLDING	ΓEMPERAT	URE(S)			[HSC 113996]
co to re	ondiment co be approxi placed and	ld box. Temperatures mately 55 F. The ice i	for the sliced n the containe etaken. All foo	onions and tomater beneath the cor d temperatures we	d products stored in a oes were observed diment cold box was ere observed to be at
Violation: IMPROPER CLEANING OF U	TENSILS AN	ND EQUIPMENT		[HSC 114095-114099.5 & 11410	
Description/Corrective Action: During the routine inspe food contact surfaces at There were no sanitizer solutions that it prepares are tested prior to use. (an email to mikel.chatell		surfaces at the facility o sanitizer test strips it prepares. Obtain c or to use. Once test s	are not being available at th hlorine test str trips have bee	tested by person e facility to test the ips and ensure the	nel prior to use. e chlorine sanitizing at sanitizing solutions
General Comments:					
All food items that were stored in refriger Overall, the facility was observed to be in			F.		
Carolina Castro and Juan Ramirez were	present for	the inspection.			
				Reinspection Re	equired: Yes: No: X
RESULTS OF EVALUATION: X PASS	NEE!	OS IMPROVEMENT	FAIL	Beingnaction De	to (on or ofter).
_	<u> </u>			Reinspection Da	· · · · · · · · · · · · · · · · · · ·
				Ŭ P	otential Food Safety All Star:
andi C	1_		,	MIKEL CHATELI	
Received By:			Agency Representative		

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

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: NAPOLES BAKERY	BUSINESS PHONE: (559) 362-4911	RECORD ID#: PR0000132	DATE: October 05, 2020
FACILITY SITE ADDRESS: 1045 DORAN AVE	CITY: ALLENSWORTH	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RICARDO MEDINA	CERTIFIED FOOD MANAGER: RICHARD MEDINA	EXP DATE: 12/5/2024	INSPECTOR: Paven Batth

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 boxes cluttered in the bakery prep room located behind the front

counter and dining area. Organize these items to allow access to all areas of the facility

for inspection purposes.

Violation: NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES

Description/Corrective Action: Not all of the food handlers possess a California Food Handler Card. Ensure every

> individual who handles food (i.e., preparing, storing, or servicing food) at this facility maintains a valid California Food Handler Card. Please note, individuals must obtain a

food handler card within 30 days after the date of hire.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES

[HSC 113953 - 113593.2]

Description/Corrective Action: Uncleaned utensils were observed inside the hand wash sink. Discontinue such practice.

Remove such items and place them inside an approved sink such as a 3-compartment

sink to ensure proper cleaning methods are taking place at this facility.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT

[HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed the exhaust hood filter panels to have an accumulation of grease. Remove the

grease accumulation and maintain to a clean condition.

Food debris was observed on kitchen floor by the flat top grill. Ensure to clean facility

floors on routine basis.

General Comments:

Proper hot and cold holding temperatures were measured.

General Sales: Observed to be in fairly good condition with food products properly shelved.

Restroom: Maintained and stocked with an adequate supply of hot water.

Other Comments: In response to the COVID-19 pandemic, please implement the State (CDPH) guidelines (i.e., maintain a physical distance of 6 feet between individuals, use EPA-approved disinfectants, etc) with your business.

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FACILITY SITE ADDRESS: 1045 DORAN AVE	CITY: ALLENSWORTH	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION			
OWNER NAME: RICARDO MEDINA	CERTIFIED FOOD MANAGER: RICHARD MEDINA	EXP DATE: 12/5/2024	INSPECTOR: Paven Batth			
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.						
,		Reinspection Re	equired: Yes: X No:			
RESULTS OF EVALUATION: PASS X NEED	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A			
		P	otential Food Safety All Star:			
· Q /						
		Paven Bai	tth			
Received By:		Agency Represe	entative			

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OFFICIAL INSPECTION REPORT

FACILITY NAME: NAPOLES BAKERY	BUSINESS PHONE: (559) 362-4911	RECORD ID#: PR0000132	DATE: March 27, 2020		
FACILITY SITE ADDRESS: 1045 DORAN AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: PUBLIC INFORMATION/EDUCATION		
OWNER NAME: RICARDO MEDINA	Program Description: 1107 - KINGS DPH COVID-19	EXP DATE: 12/5/2024	INSPECTOR: Paven Batth		
The items (if any) listed below identify the Health Code 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: None Noted					
General Comments:					
At this time all food sales are for DELIVERY or TAKI	E-OUT/PICK-UP UNLY.				
The staff is aware of social distancing by requesting that customers keep apart a minimum of six feet from each other and staff. Only allow entry to customers that can safely keep the same distance between them while they wait or encourage them to wait in their cars.					
Staff is practicing safe food handling procedures to protect food from contamination, monitor hot & cold holding temperatures, and WASH HANDS.					
Staff uses sanitizing solution (chlorine 100ppm or QAC 200ppm) for wiping down all counters and work surfaces to reduce the risk of contamination. All work surfaces should be cleaned and sanitized frequently to prevent contamination.					
Under no circumstances are employees who feel sick or are sick with respiratory (i.e. fever, coughing or sneezing) or gastrointestinal (i.e. vomiting or diarrhea) symptoms are allowed to work in the facility.					
This facility was inspected today to review and verify Please contact our Department for further questions		fety practices are	being followed.		
Reinspection Required: Yes: No: X	Reinspection Date (on or aft	er): Not Sp	ecified		
			Paven Batth		
Descrived Dur	E	nvironmental Health	Specialist		
Received By:					

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