

### County of Kings - Department of Public Health 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:
EL RANCHERO LIQUOR 2 INC	(559) 289-3997	PR0000202	September 22, 2022
FACILITY SITE ADDRESS:	CITY:	<b>ZIP CODE:</b>	INSPECTION TYPE:
11998 S 10TH AVE	HANFORD	93230	1ST FOLLOW UP INSPECTION
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:
LOUAY TRAD, RAMI ZAKOUR, RAMI BARAKAT	N/A		Evelyn Elizalde

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: None Noted

#### **General Comments:**

The following was observed during today's follow up inspection:

The facility replaced water heater and the facility had hot water at restroom and food prep sink at 120 F. The permitted mobile food unit is allowed to resume operation. Please ensure facility has running hot water at restroom(100 F) and food prep sink (120 F) at all times.

				Reinspection Required:	Yes:	No:	X
RESULTS OF EVALUATION:	X PASS	NEEDS IMPROVEMENT	<b>FAIL</b>	Reinspection Date (on or a	fter):	N/A	
				Potential Foo	od Safety All	Star:	
	A			Evelyn Elizalde			

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

Received By:

Agency Representative



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# FOOD SAFETY EVALUATION REPORT

FACILITY NAME:		BUSINESS PHONE:	RECORD ID#:	DATE:
EL RANCHERO LIQUOR 2 INC		(559) 289-3997	PR0000202	September 20, 2022
FACILITY SITE ADDRESS:		CITY:	ZIP CODE:	INSPECTION TYPE:
11998 S 10TH AVE		HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:		CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:
LOUAY TRAD, RAMI ZAKOUR, RAMI BARAI	(AT	N/A		Evelyn Elizalde
	ICE OF HANDW	ASH FACILITIES		HSC 113953 - 113593.21
/iolation: IMPROPER MAINTENA Description/Corrective Action:	Observed lov	ASH FACILITIES v water pressure in restroom. Ple paper towels at all times.		HSC 113953 - 113593.2] om has hot water at 100
	Observed lov F, soap and p	v water pressure in restroom. Ple paper towels at all times.	ase ensure restroc	-

The following was observed during today's inspection:

All refrigeration units were observed at 41 F.

A re-inspection will be conducted to verify compliance has been met.

				Reinspection Required: Yes: No:		
RESULTS OF EVALUATION:	PASS	X NEEDS IMPROVEMENT	FAIL	Reinspection Date (on or after):	N/A	
				Potential Food Safety	All Star:	
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Received By:

Evelyn Elizalde

Agency Representative



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Internet - www.countyofkings.com/health/ehs

### OFFICIAL INSPECTION REPORT

FACILITY NAME:	BUSINESS PHONE:	<b>RECORD ID#:</b>	<b>DATE:</b>
EL RANCHERO LIQUOR 2 INC	(559) 289-3997	PR0000202	March 26, 2020
FACILITY SITE ADDRESS:	CITY:	<b>ZIP CODE:</b>	INSPECTION TYPE:
11998 S 10TH AVE	HANFORD	93230	PUBLIC INFORMATION/EDUCATIOI
OWNER NAME:	Program Description:	EXP DATE:	INSPECTOR:
LOUAY TRAD, RAMI ZAKOUR, RAMI BARAKAT	1107 - KINGS DPH COVID-19		Yatee Patel - REHS

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:**

The staff SHOULD practice SOCIAL DISTANCING by requesting that customers keep apart a minimum of 6 FEET from each other and staff. Only allow entry to customers that can safely keep the same distance between them while they wait. Encourage only 3-4 customers at a time when possible.

Staff is practicing frequent HAND WASHING with soap and water for at least 20 seconds. Also wash hands every time you change gloves.

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, including shopping carts, 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.

An investigation was conducted today to review and verify the above food and employee safety practices are being followed. A copy of this summary will be emailed to the facility operator. Please contact our Department for further questions.

Reinspection Required: Yes:		No: X	Reinspection Date (on or after):	Not Specified
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*Yatee Patel - REHS* 

Environmental Health Specialist

Received By:



## **County of Kings - Department of Public Health**

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### FOOD SAFETY EVALUATION REPORT

FACILITY NAME: EL RANCHERO LIQUOR 2 INC		BUSINESS PHONE: (559) 289-3997		<b>RECORD ID#:</b> PR0000202	<b>DATE:</b> May 08, 2019
FACILITY SITE ADDRESS: 11998 S 10TH AVE		<b>CITY:</b> HANFORD		<b>ZIP CODE:</b> 93230	INSPECTION TYPE: ROUTINE INSPECTION
<b>OWNER NAME:</b> LOUAY TRAD, RAMI ZAKOUR, RAMI BARAKA	<b>CERTIFIED FOOD MANA</b> N/A	GER:	EXP DATE:	INSPECTOR: Luis Flores - REHS	
The items (if any) listed below identify the violation One reinspection will be conducted (if needed) at					
Violation: IMPROPER FOOD TEMPE	ITORING		[	HSC 113998 & 114000]	
Description/Corrective Action:	thermometer	g of the hot holding ca and digital thermomet . The observed temp	er in order to e	ensure a minimu	ase an oven style um temperature of 135 F
Violation: IMPROPER LABEL FOR F	ood or fool	O ADDITIVE THAT IN	CLUDES FAT		
Description/Corrective Action:	The informati plastic bags.	on was provided on o	ne side of the	case and covere	nufacturer information. ed with food container visible sign on the front
Violation: IMPROPER MAINTENANC	E OF HANDW	ASH FACILITIES		[]	HSC 113953 - 113593.2]
Description/Corrective Action:	Both soap dispensers in the restroom and the work station handwah sink were empty. Refill both dispensers and maintain at all times.				vah sink were empty.
General Comments: Correct the listed violations within the	e next 24 hours.			I	
RESULTS OF EVALUATION: PA	SS X NEE	DS IMPROVEMENT	FAIL		Required: Yes: No: X   Date (on or after): N/A   Potential Food Safety All Star:
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And				Luis Flores	- REHS
Received By:				Luis Flores	