



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/health/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BOSTON HOUSE OF PIZZA (COR)	BUSINESS PHONE: (559) 992-2157	RECORD ID#: PR0003725	DATE: August 14, 2009
FACILITY SITE ADDRESS: 924 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HELIO BETTENCOURT/ROY FIALHO	CERTIFIED FOOD HANDLER: Manuel Bettencourt	EXP DATE: 1/30/2012	INSPECTOR: Lee Johnson - 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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Please clean the vent hood filters to remove accumulated debris. Also, the kitchen is in need of regular and thorough cleaning, especially beneath fixed equipment, tables and shelving.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: The tall two door pizza reach in refrigerator measured 46F. Please adjust to maintain 41F at all times.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Store clean rags in a bucket with sanitizer solution. Replace as needed. Discontinue practice of keeping dirty cleaning rags on counters and equipment.

Please clean accumulated lint noted on the ceiling and fan grills of the walk-in.

General Comments:

Note: In regards to a previous complaint, turkey and sandwich veggies were noted to be fresh and in good condition. Sandwich prep refrigerator measured <41F.

Pest control is improved.

Thank you.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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:

Received By: _____

Lee Johnson - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BOSTON HOUSE OF PIZZA (COR)	BUSINESS PHONE: (559) 992-2157	RECORD ID#: PR0003725	DATE: May 12, 2009
FACILITY SITE ADDRESS: 924 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: HELIO BETTENCOURT/ROY FIALHO	CERTIFIED FOOD HANDLER: Manuel Bettencourt	EXP DATE: 1/30/2012	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.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Please check the restroom ventilation units in both restrooms, they did not appear to be working.

Violation: IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: Rodent dropping were noted in the bottom of the dough rolling machine, floor under the bags of dough mix and along the back area. Numerous sticky traps were noted in the facility today. Hole in the walls noted on previous inspection were noted sealed today. The operator states pest control services the facility every two weeks.

Please clean all areas were rodent dropping are noted.

General Comments:

All refrigeration temperatures were at 41°F or below.

Please clean areas where the rodent droppings were noted. The owner of the building will be notified to have the entire building under a regular pest control schedule.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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:

Received By: _____

Troy Hommerding-REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BOSTON HOUSE OF PIZZA (COR)	BUSINESS PHONE: (559) 992-2157	RECORD ID#: PR0003725	DATE: January 07, 2009
FACILITY SITE ADDRESS: 924 WHITLEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: HELIO BETTENCOURT/ROY FIALHO	CERTIFIED FOOD HANDLER: Manuel Bettencourt	EXP DATE: 1/30/2012	INSPECTOR: Troy Hommerding

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:

All corrections have been made from the previous inspection.

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:

Received By: _____

Troy Hommerding

Environmental Health Specialist

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