



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

<b>FACILITY NAME:</b> BOSTON HOUSE OF PIZZA (COR)	<b>BUSINESS PHONE:</b> (559) 992-2157	<b>RECORD ID#:</b> PR0003725	<b>DATE:</b> January 25, 2012
<b>FACILITY SITE ADDRESS:</b> 924 WHITLEY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HELIO BETTENCOURT/ROY FIALHO	<b>CERTIFIED FOOD HANDLER:</b> Manuel Bettencourt	<b>EXP DATE:</b> 1/30/2012	<b>INSPECTOR:</b> 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:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:** Chicken thawing in the walkin refrigeration unit was noted stored over cut ready to eat lettuce; the lettuce was covered with cardboard. Please remember to thaw products on the lowest shelf in the walkin to help prevent cross-contamination.

**Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Please clean the dough rolling machine, some bugs were noted on the bottom in the flour.  
  
Please clean the floor around the pizza prep/cut table, debris was noted on the floor under the table.

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

**Description/Corrective Action:** paper towels were observed out on the employee handwash sink. Please re-stock.

**General Comments:**

Restrooms were noted fully stocked today.

Cold holding temperatures were all at or below 41°F .

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

Troy Hommerding-REHS

Agency Representative

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



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<b>FACILITY NAME:</b> BOSTON HOUSE OF PIZZA (COR)	<b>BUSINESS PHONE:</b> (559) 992-2157	<b>RECORD ID#:</b> PR0003725	<b>DATE:</b> July 25, 2011
<b>FACILITY SITE ADDRESS:</b> 924 WHITLEY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> HELIO BETTENCOURT/ROY FIALHO	<b>CERTIFIED FOOD HANDLER:</b> Manuel Bettencourt	<b>EXP DATE:</b> 1/30/2012	<b>INSPECTOR:</b> Troy Hommerding-REHS

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

**Description/Corrective Action:** Reach in prep unit is holding at 44°F, please check this unit frequently. This unit must maintain at 41°F.

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

**Description/Corrective Action:** Employee handwash sink was noted missing the paper towels, please replace.

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

**Description/Corrective Action:** Mens restroom was noted missing the paper towels at the handwash sink, please replace.

**General Comments:**

All other cold holding temperatures were ok.

Please address the noted violations.

<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> <b>Reinspection Date (on or after):</b> N/A <input type="checkbox"/> Potential Food Safety All Star:
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<b>FACILITY NAME:</b> BOSTON HOUSE OF PIZZA (COR)	<b>BUSINESS PHONE:</b> (559) 992-2157	<b>RECORD ID#:</b> PR0003725	<b>DATE:</b> January 19, 2011
<b>FACILITY SITE ADDRESS:</b> 924 WHITLEY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> 1ST FOLLOW UP INSPECTION
<b>OWNER NAME:</b> HELIO BETTENCOURT/ROY FIALHO	<b>CERTIFIED FOOD HANDLER:</b> Manuel Bettencourt	<b>EXP DATE:</b> 1/30/2012	<b>INSPECTOR:</b> 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: None Noted

General Comments:

All violations from the previous inspection have been corrected.

Both restroom exhaust fans have been replaced.

The dough roller machine has been cleaned as well as other areas that were discussed with the operator.

No flies were noted in the facility today.

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

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