



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> BUDGET INN MOTEL	<b>BUSINESS PHONE:</b> (559) 992-3171	<b>RECORD ID#:</b> PR0006583	<b>DATE:</b> June 10, 2010
<b>FACILITY SITE ADDRESS:</b> 1224 WHITLEY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> PETER OR TINA PATEL	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<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 temperatures checked today were satisfactory.

<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:

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> BUDGET INN MOTEL	<b>BUSINESS PHONE:</b> (559) 992-3171	<b>RECORD ID#:</b> PR0006583	<b>DATE:</b> February 23, 2009
<b>FACILITY SITE ADDRESS:</b> 1224 WHITLEY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> PETER OR TINA PATEL	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Susan Lee-Yang - 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:

Observed refrigerator storing pastries in working condition.

Facility is clean and well maintained.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:



Susan Lee-Yang - REHS

Agency Representative

Received By:

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### FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> BUDGET INN MOTEL	<b>BUSINESS PHONE:</b> (559) 992-3171	<b>RECORD ID#:</b> PR0006583	<b>DATE:</b> July 05, 2007
<b>FACILITY SITE ADDRESS:</b> 1224 WHITLEY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> PETER OR TINA PATEL	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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

**Description/Corrective Action:**

**General Comments:**

Continental breakfast is served here, cereal, milk and pre packaged pastries and coffee.

No violations noted 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> _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

*PMJ*

Signature: \_\_\_\_\_

*Troy Hommerding*  
\_\_\_\_\_  
Environmental Health Officer

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