



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: CAFFE E VIA	BUSINESS PHONE: (925) 930-7722	RECORD ID#: PR0007137	DATE: June 04, 2009
FACILITY SITE ADDRESS: 2597 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RONALD LOZA	CERTIFIED FOOD HANDLER: MONIQUE WARREN	EXP DATE: 5/15/2013	INSPECTOR: Yatee Patel - 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 cold food temperatures measured today were satisfactory.

Overall, the food facility appeared in good operational condition.

All handwashing stations were fully stocked. Provide soap & paper towels when you use the coffee bar.

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:

Bretin Upick

Received By: _____

Yatee Patel - 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: CAFFE E VIA	BUSINESS PHONE: (925) 930-7722	RECORD ID#: PR0007137	DATE: December 30, 2008
FACILITY SITE ADDRESS: 2597 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RONALD LOZA	CERTIFIED FOOD HANDLER: MONIQUE WARREN	EXP DATE: 5/15/2013	INSPECTOR: Susan Lee-Yang

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 hand wash station fully stocked with soap and paper towels.

Observed dish washer with final rinse temperature of 180° F.

All cold reach-in units measured at or below 41° F.

Observed dipper wells with continuous running water.

Overall, facility is in good operating condition.

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:

Monique Warren

Received By: _____

Susan Lee-Yang

Environmental Health Specialist

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