



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> BEST WESTERN INN	<b>BUSINESS PHONE:</b> (559) 386-0804	<b>RECORD ID#:</b> PR0005168	<b>DATE:</b> July 19, 2010
<b>FACILITY SITE ADDRESS:</b> 33410 POWERS DR	<b>CITY:</b> KETTLEMAN CITY	<b>ZIP CODE:</b> 93239	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> BANKIM PATEL	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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 FOOD TEMPERATURE MONITORING [HSC 113998 & 114000]

**Description/Corrective Action:** Please place a thermometer in each refrigerator.

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

**Description/Corrective Action:** Three refrigerator temperatures ranged from 35 F to 51 F. Please adjust as needed to maintain foods at 41 F or less at all times.

**General Comments:**

Hotel breakfast includes cereal, milk, juice, coffee, bread, bagels, and waffles.

Dining room is in the process of remodeling. No changes to kitchen.

**RESULTS OF EVALUATION:**  PASS  NEEDS IMPROVEMENT  FAIL

**Reinspection Required:** Yes:  No:

**Reinspection Date (on or after):** N/A

Potential Food Safety All Star:

Lee Johnson - REHS

Received By: \_\_\_\_\_

Agency Representative

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



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<b>FACILITY NAME:</b> BEST WESTERN INN	<b>BUSINESS PHONE:</b> (559) 386-0804	<b>RECORD ID#:</b> PR0005168	<b>DATE:</b> June 29, 2009
<b>FACILITY SITE ADDRESS:</b> 33410 POWERS DR	<b>CITY:</b> KETTLEMAN CITY	<b>ZIP CODE:</b> 93239	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> BANKIM PATEL	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> 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:** LACK OF OR IMPROPER USE OF THERMOMETERS [HSC 114157-114159]

**Description/Corrective Action:** Please provide a readily visible accurate thermometer in each refrigerator.

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

**Description/Corrective Action:** Refrigerators measured 46-48F . Please adjust to maintain 41F or less at all times. (45 F Ok for milk and eggs only.)

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

**Description/Corrective Action:** Please provide paper towels to kitchen sink.

**General Comments:**

Facility is clean. Service consists of prepackaged food and had boiled eggs. Thank you.

<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: \_\_\_\_\_

Lee Johnson - REHS

Agency Representative

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