



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> SUPER 8	<b>BUSINESS PHONE:</b> (559) 386-9530	<b>RECORD ID#:</b> PR0007581	<b>DATE:</b> August 05, 2010
<b>FACILITY SITE ADDRESS:</b> 33415 POWERS DR	<b>CITY:</b> KETTLEMAN CITY	<b>ZIP CODE:</b> 93239	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> PANKAJ MOWJI	<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: None Noted

General Comments:

Motel breakfast consists of self serve coffee, juice, cereal, and prepackaged danishes. Storage areas were clean, refrigeration temperature was <41F. 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

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



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> SUPER 8	<b>BUSINESS PHONE:</b> (559) 386-9530	<b>RECORD ID#:</b> PR0007581	<b>DATE:</b> August 05, 2010
<b>FACILITY SITE ADDRESS:</b> 33415 POWERS DR	<b>CITY:</b> KETTLEMAN CITY	<b>ZIP CODE:</b> 93239	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> PANKAJ MOWJI	<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: None Noted

General Comments:

Motel breakfast consists of self serve coffee, juice, cereal, and prepackaged danishes. Storage areas were clean, refrigeration temperature was <41F. 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

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



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> SUPER 8	<b>BUSINESS PHONE:</b> (559) 386-9530	<b>RECORD ID#:</b> PR0007581	<b>DATE:</b> July 01, 2009
<b>FACILITY SITE ADDRESS:</b> 33415 POWERS DR	<b>CITY:</b> KETTLEMAN CITY	<b>ZIP CODE:</b> 93239	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> PANKAJ MOWJI	<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: None Noted

General Comments:

Prepackaged food service only. Facility is clean. Please provide a thermometer to the refrigerator. 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

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