



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: BEST WESTERN INN & SUITES	BUSINESS PHONE: (559) 924-3200	RECORD ID#: PR0005169	DATE: January 13, 2011
FACILITY SITE ADDRESS: 820 E BUSH ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JAY PATEL	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Veronica Santa Cruz-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:

Hotel bentest area was noted well maintained.

Hand wash station was stocked with soap, paper towels, and hot water.

Cold holding units measured below 41° F.

Hotel breakfast includes hot and cold cereal, sausage/bacon, and muffins. Sausage and bacon are pre-cooked items that are heated in the microwave and served.

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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Mr. A. J. Juntto

Received By:

Veronica Santa Cruz-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: BEST WESTERN INN & SUITES	BUSINESS PHONE: (559) 924-3200	RECORD ID#: PR0005169	DATE: March 11, 2010
FACILITY SITE ADDRESS: 820 E BUSH ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JAY PATEL	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Veronica Santa Cruz-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:

Two compartment sink was equipped with hot water, soap, and paper towels.
The cold holding unit measured at 41°F.
The dry storage area was well maintained with food items stored six inches off the ground.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Veronica Santa Cruz-REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BEST WESTERN	BUSINESS PHONE: (559) 924-3200	RECORD ID#: PR0005169	DATE: September 18, 2008
FACILITY SITE ADDRESS: 820 E BUSH ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JAY PATEL	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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:

Hotel serves breakfast (baked goods, cereal, juice, fruits).

All cold holding units are in good working condition.

Soap, hot water, and paper towels are fully stocked.

Facility is in good operating condition.

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

Received By:

Environmental Health Specialist

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