



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: EDEN'S BASIC NUTRITION	BUSINESS PHONE: (559) 925-9400	RECORD ID#: PR0006111	DATE: May 13, 2009
FACILITY SITE ADDRESS: 238 C ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DANIEL & SONIA VIRUETT	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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 restroom stocked with soap and paper towels.

All cold holding units measured at or below 41°F.

Observed all food items stored on pallets.

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:

Laura Ramsey

Susan Lee-Yang - REHS

Received By:

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: EDEN'S BASIC NUTRITION	BUSINESS PHONE: (559) 925-9400	RECORD ID#: PR0006111	DATE: May 20, 2008
FACILITY SITE ADDRESS: 238 C ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DANIEL & SONIA VIRUETT	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Susan Lee

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:

All cold food temperatures measured today were satisfactory.

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

Overall, the facility appeared in satisfactory operational 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): _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

Laura Ramirez

Signature: _____

Susan Lee

Environmental Health Officer

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: EDEN'S BASIC NUTRITION	BUSINESS PHONE: (559) 925-9400	RECORD ID#: PR0006111	DATE: October 11, 2006
FACILITY SITE ADDRESS: 238 C ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DANIEL & SONIA VIRUETT	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Liliana Stransky

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:

Overall, the food facility appeared in good operational condition.
Thank you!

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

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

Potential Food Safety All Star:

Signature: _____

Liliana Stransky

Environmental Health Officer

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