



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: WEST HILLS CULINARY	BUSINESS PHONE: (559) 925-8665	RECORD ID#: PR0006091	DATE: September 01, 2011
FACILITY SITE ADDRESS: 789 S 18TH AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GEORGE QUILTY	CERTIFIED FOOD HANDLER: DANIEL J BEELER	EXP DATE: 3/14/2011	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: IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: During today's inspection, several flies were noted throughout the facility. Although the facility has air curtains to try to deter flies from entering the facility, the facility must install another mechanism to help deter the flies.

Installing uv fly traps in areas where food is not prepared would be a way to reduce the amount of flies in the facility.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.
All cold holding units measured well below 41°F.
This facility serves as a commissary for local caterers in the county.

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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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: WEST HILLS CULINARY	BUSINESS PHONE: (559) 925-8665	RECORD ID#: PR0006091	DATE: October 28, 2010
FACILITY SITE ADDRESS: 789 S 18TH AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GEORGE QUILTY	CERTIFIED FOOD HANDLER: DANIEL J BEELER	EXP DATE: 3/14/2011	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:

Hand wash stations were stocked with soap, paper towels, and hot water.
Cold holding units measured at or below 41°F.
Facility was observed to be well maintained.

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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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: WEST HILLS CULINARY	BUSINESS PHONE: (559) 925-8665	RECORD ID#: PR0006091	DATE: October 23, 2009
FACILITY SITE ADDRESS: 789 S 18TH AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: GEORGE QUILTY	CERTIFIED FOOD HANDLER: DANIEL J BEELER	EXP DATE: 3/14/2011	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: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed hood baffles and floor drains with dust/debris accumulation. Please clean equipments regularly to prevent accumulation.

General Comments:

All cold holding units measured satisfactory at time of inspection.

Chlorine sanitizer in three compartment sink measured 100 ppm.

Observed handwash station fully stocked.

Facility is in satisfactory good condition.

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:

Susan Lee-Yang - REHS

Agency Representative

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