



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/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: WEST HILLS CULINARY	BUSINESS PHONE: (559) 925-8665	RECORD ID#: PR0006091	DATE: November 01, 2016
FACILITY SITE ADDRESS: 789 S 18TH AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHRISTIAN RAI	CERTIFIED FOOD MANAGER: DANIEL J BEELER	EXP DATE: 6/12/2020	INSPECTOR: Veronica Ochoa -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.
All cold holding units, except for the one closest to the door, measured at or below 41F. The unit that was out of temperature measured at 52F; however, it was mentioned that the unit was open for sometime in order to cater an event. Please make sure to monitor the unit so that it measures at or below 41F.
Chlorine sanitizer in the three compartment sink measured at 100 ppm.

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 Ochoa -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: April 07, 2016
FACILITY SITE ADDRESS: 789 S 18TH AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHRISTIAN RAIA	CERTIFIED FOOD HANDLER: DANIEL J BEELER	EXP DATE: 6/12/2020	INSPECTOR: Veronica Ochoa -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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Please make sure to clean the dry storage area on a routine basis to prevent an accumulation of debris (dust).

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water.
Cold holding units measured at or below 41F.
Chlorine sanitizer in the three compartment sink measured at 100 ppm.

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:

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Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: WEST HILLS CULINARY	BUSINESS PHONE: (559) 925-8665	RECORD ID#: PR0006091	DATE: October 21, 2015
FACILITY SITE ADDRESS: 789 S 18TH AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHRISTIAN RAI	CERTIFIED FOOD HANDLER: DANIEL J BEELER	EXP DATE: 9/18/2015	INSPECTOR: Veronica Ochoa -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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: The food manager certification that is currently on file for the facility has expired. Please provide proof of a current certified food manager by fax and/or email within the next 60 days.

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water. All cold holding units measured well below 41F. Chlorine sanitizer in the three compartment sink measured at 100 ppm. Storage of food items was observed properly organized.

RESULTS OF EVALUATION: [X] PASS [] NEEDS IMPROVEMENT [] FAIL

Reinspection Required: Yes: [] No: [X]

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

Received By: [Signature]

Veronica Ochoa -REHS

Agency Representative

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