



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: September 27, 2022
FACILITY SITE ADDRESS: 789 S 18TH AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHRISTIAN RAI	CERTIFIED FOOD MANAGER: CHRISTIAN RAI	EXP DATE: 9/14/2022	INSPECTOR: SEM HAR GEBREGZIABIHE

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: Observed the dry storage area to be overstocked with miscellaneous items and blocking access. Please clear this area to allow access.

General Comments:

Observations:

Hand washing stations were fully stocked with hot water, soap, and paper towels.

The three compartment sink was in good condition.

All refrigeration units were functioning properly at 41F.

All freezer units were functioning properly at 0F.

The hood was in satisfactory condition.

Hot water was available at the facility.

Overall this facility is in good condition.

Thank you for your time.

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): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

SEM HAR GEBREGZIABIHE

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: WEST HILLS CULINARY	BUSINESS PHONE: (559) 925-8665	RECORD ID#: PR0006091	DATE: November 02, 2021
FACILITY SITE ADDRESS: 789 S 18TH AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHRISTIAN RAIA	CERTIFIED FOOD MANAGER: CHRISTIAN RAIA	EXP DATE: 9/14/2022	INSPECTOR: Veronica Ochoa -REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
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Violation: None Noted

General Comments:

Hand wash stations were stocked with soap, paper towels, and hot water.
All cold holding units measured well below 41F.
The facility's hood baffles looked well maintained as did the back storage area.
The facility's ice machine was being serviced at the time of the inspection.

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

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: WEST HILLS CULINARY	BUSINESS PHONE: (559) 925-8665	RECORD ID#: PR0006091	DATE: November 13, 2019
FACILITY SITE ADDRESS: 789 S 18TH AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHRISTIAN RAI	CERTIFIED FOOD MANAGER: CHRISTIAN RAI	EXP DATE: 9/14/2022	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 station was stocked with soap, paper towels, and hot water.
Cold holding units containing potentially hazardous foods measured at or below 41F.
As a reminder, the facility's hoods need to be professionally cleaned as they were last serviced in June 2019.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Veronica Ochoa -REHS

Received By: _____

Agency Representative

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