

Environmental Health Serivces Division 330 Campus Drive Hanford, CA 93230 Phone - 559-584-1411 Fax - 559-584-6040 Internet - www.countyofkings.com/ehs

FOOD SAFETY EVALUATION REPORT

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FACILITY NAME:	BUSINESS PHONE:	RECORD ID#: PR0000334	DATE:	
BOSTON HOUSE OF PIZZA (HFD)	(559) 582-4489	PR0000334	September 28, 2022	
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:	
1770 N 10TH AVE	HANFORD	93230	ROUTINE INSPECTION	
11701117117	THAT CITE	00200	TOOTHIE HIGH EGITION	
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:	
ROY FIALHO	DAVID ESCALANTE	6/10/2025	Evelyn Elizalde	
Γhe items (if any) listed below identify the violation(s) that must be α	corrected. Thank you for your cooperation	n.		
One reinspection will be conducted (if needed) at no charge. A serv	rice fee is assessed for each additional rei	nspection required.		
Violation: FOODS & EQUIPMENT NOT PROTECTED	lation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]			
Description/Corrective Action: Observed two	(2) 10 oz (6lb) Dole pineapple chu	nk oone te heve e	major dont on the	
	nsure all canned foods intended fo			
Can. Flease e	risure all carified foods interided fo	i pizza toppings ai	e sale for use.	
General Comments:			_	
General Comments.				
The following was observed during today's routine inspection:				
Ware washing sink had hot water at 120 F.				
Hand wash sink in kitchen and restroom had hot water at 100 F, paper towels and soap.				
All refrigeration units were at or below 41 F.				
All food was stored 6 inches above ground level.				
		1		
		Reinspection Re	equired: Yes: No: X	
RESULTS OF EVALUATION: X PASS NEED	OS IMPROVEMENT FAIL			
RESULTS OF EVALUATION. A PASS NEE		Reinspection Da	ete (on or after): N/A	
			atantial Fand Cafety All Cham	
			otential Food Safety All Star:	
		•		
psid Egdle				
742 C 2 00C		Evelyn Elizalde		
Received By:		Agency Representative		

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

DAWDR5TTN 3:04 PM Page 1 of 1



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FOOD SAFETY EVALUATION REPORT - COMPLAINT INSPECTION

FACILITY NAME: BOSTON HOUSE OF PIZZA (HFD)	BUSINESS PHONE: (559) 582-4489	RECORD ID#: CO0010216	DATE: July 27, 2021
FACILITY SITE ADDRESS: 1770 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: INITIAL COMPLAINT INSPECTION
OWNER NAME: ROY FIALHO	CERTIFIED FOOD HANDLER: DAVID ESCALANTE	EXP DATE: 6/10/2025	INSPECTOR: Yatee Patel - REHS
A complaint was recently received by our Department allegin response to the complaint, an inspection of the facility was below. If violations are noted, then appropriate corrective a Thank you for your cooperation. One reinspection will be coor each additional reinspection required.	as conducted and our investigation action is required as listed in the ma	findings are provident in section of this re	ed port.
Inspection Findings and General Comments: Today's inspection was prompted due to an allege found a "metal" piece inside. Findings:	d complaint from a customer who	o ordered a hot san	dwich and
The restaurant uses canned items - The can open was a can shaving, because all the items used from the operator suspected the metal dish scrubber metal and are used for storing the deli sandwich ingredie findings are inconclusive. Asked operator to be careful using the can opener avoid physical contamination.	m canned food are usually toppir nay have accidentally be left in the ents. The complainant stated it wa	ngs for the pizza. e containers that ar as a hard metal like	re cleaned e object. The
Thank you			
Violation: None Noted			
Reinspection Required Yes: No: X	Reinspection Date (on o	or afte	N/A
Received By:		Yatee Pate Agency Repr	
NOTE: This report r	must be made available to the	public on reques	t

DAAJXFSFW 3:16 PM Page 1 of 1



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME:		BUSINESS PHONE:		RECORD ID#:	DATE:	
BOSTON HOUSE OF PIZZA (HFD)		(559) 582-4489		PR0000334	July 27, 2021	
FACILITY SITE ADDRESS:		CITY:		ZIP CODE:	INSPECTION TYPE:	
1770 N 10TH AVE		HANFORD		93230	ROUTINE INSPECTION	
OWNER NAME:		CERTIFIED FOOD MAN	AGER:	EXP DATE:	INSPECTOR:	
ROY FIALHO		DAVID ESCALANTE		6/10/2025	Yatee Patel - REHS	
T	. (.) (1 (1					
The items (if any) listed below identify the violation One reinspection will be conducted (if needed) at a						
Violation: IMPROPER CLEANING OF	LITENSII S AN	ND FOLIIPMENT		[HSC 1140	095-114099.5 & 114101-114	1191
Description/Corrective Action:			and walk in n		nt. Fixing the flooring	.,
Description/Corrective Action.	•	ooth will help better o		•	nt. Tixing the hoofing	
Violation: FOODS & EQUIPMENT NO	T PROTECTE	D FROM CONTAMIN	IATION	[HSC	C 113980, 114025-114027]	
Description/Corrective Action:		ood prep employee w ve nail polish on to av	•	•	. Please wear gloves	
	,	•				
Violation: IMPROPER HANDWASHIN	G PROCEDUF	RES BY FOODHAND	LERS	I)	HSC 113953-113953.4]	
Description/Corrective Action: Observed cook washing hands with gloves on. Discontinue this practice immediately and re-train all employees to wash hands						
		ves are used after co	•		o wash hands	
General Comments: The cold holding units were at 41F or Beach is used for sanitizer at the 2 co 3 compartment sink. Also, be sure the Be sure all employees are re-trained were thank you	mpartment sin floor drain is r	not clogged and wate	r drains effecti		partment sink to a	
				Reinspection R	tequired: Yes:	No: X
RESULTS OF EVALUATION: PAS	S X NEE	OS IMPROVEMENT	FAIL	Reinspection D	ate (on or after):	N/A
					`	
					Potential Food Safety All	Star:
Received By:	-by			Yatee Patel - Agency Repres		-
11077	This t		.h.	LU		
NOTE:	i nis report n	nust be made availa	ible to the pu	blic on request		

DAGGRI0PK 2:48 PM Page 1 of 1



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OFFICIAL INSPECTION REPORT

FACILITY NAME: BOSTON HOUSE OF PIZZA (HFD)	BUSINESS PHONE: (559) 582-4489	RECORD ID#: PR0000334	DATE: March 26, 2020
FACILITY SITE ADDRESS: 1770 N 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: PUBLIC INFORMATION/EDUCATION
OWNER NAME: ROY FIALHO	Program Description: 1107 - KINGS DPH COVID-19	EXP DATE: 6/10/2020	INSPECTOR: Liliana Stransky - REHS
The items (if any) listed below identify the Health Code vio One reinspection will be conducted (if needed) at no charge	• •	, ,	•
Violation: None Noted			
General Comments:			
The facility has made their dining completely inacces orders to minimize their wait.	ssible to customers and is encoura	ging customers to	o call-in their
At this time all food sales are for DELIVERY or TAKI	E-OUT/PICK-UP ONLY!!		
The staff is practicing social distancing by requesting and staff. Only allow entry to customers that can sa encourage them to wait in their cars.			
Staff is practicing safe food handling procedures to particle temperatures, and WASH HANDS.	protect food from contamination, mo	onitor hot & cold I	nolding
Staff uses sanitizing solution (chlorine 100ppm or Que the risk of contamination. All work surfaces should be	,		
Under no circumstances are employees who feel sic gastrointestinal (i.e. vomiting or diarrhea) symptoms		ever, coughing or	sneezing) or
An investigation was conducted today to review and followed. A copy of this summary will be emailed to questions.		• •	•
Reinspection Required: Yes: No: X	Reinspection Date (on or afte	r): Not Sp	ecified
			na Stransky - REHS
Received By:	Er	vironmental Health	n Specialist

DA0305401 3:24 PM Page 1 of 1