



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

<b>FACILITY NAME:</b> COUNTRY WAFFLES	<b>BUSINESS PHONE:</b> (559) 233-4330	<b>RECORD ID#:</b> PR0006210	<b>DATE:</b> September 29, 2009
<b>FACILITY SITE ADDRESS:</b> 75 HANFORD/ARMONA RD A	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RAJDEEP SINGH	<b>CERTIFIED FOOD HANDLER:</b> LAURIE SOBOLEWSKI	<b>EXP DATE:</b> 7/6/2010	<b>INSPECTOR:</b> 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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed shatterproof light cover missing in walk-in freezer. Please replace shatterproof light cover.

**General Comments:**

Observed restroom well maintained and stocked with soap and paper towels.

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

Chlorine sanitizer bucket and dishwasher measured 100 ppm.

Soup and gravy measured above 135°F.

Observed refrigerator/freezer temperature logs complete.

In order to be considered for the Department issued Food Safety All-Star Award, the facility needs to implement a food temperature control monitoring program. Please keep in mind that other food safety criteria must also be met in order to qualify for the award.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:

*Jose Moya Jr*

Received By:

*Susan Lee-Yang - REHS*

Agency Representative

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



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<b>FACILITY NAME:</b> COUNTRY WAFFLES	<b>BUSINESS PHONE:</b> (559) 233-4330	<b>RECORD ID#:</b> PR0006210	<b>DATE:</b> March 25, 2009
<b>FACILITY SITE ADDRESS:</b> 75 HANFORD/ARMONA RD A	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> 1ST FOLLOW UP INSPECTION
<b>OWNER NAME:</b> RAJDEEP SINGH	<b>CERTIFIED FOOD HANDLER:</b> LAURIE SOBOLEWSKI	<b>EXP DATE:</b> 7/6/2010	<b>INSPECTOR:</b> Susan Lee-Yang - REHS

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Violation: None Noted

General Comments:

A re-inspection was performed today to verify corrective measures were completed for violations noted on the March 12,2009 routine inspection.

The following was noted:

- All meats stored separately on meat cart.
- Walk-in freezer was much more organized and all food products were stored on crates.
- All food items were covered.
- Interior of ice machine was cleaned.

All required corrections were completed.

Your cooperation in this matter has been appreciated.

In order to be considered for the Department issued Food Safety All-Star Award, the facility needs to implement a food temperature control monitoring program or complete Health Department designed facility self-evaluation reports. Please keep in mind that other food safety criteria must also be met in order to qualify for the award.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:

Received By: \_\_\_\_\_

Susan Lee-Yang - REHS

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<b>FACILITY NAME:</b> COUNTRY WAFFLES	<b>BUSINESS PHONE:</b> (559) 233-4330	<b>RECORD ID#:</b> PR0006210	<b>DATE:</b> March 12, 2009
<b>FACILITY SITE ADDRESS:</b> 75 HANFORD/ARMONA RD A	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RAJDEEP SINGH	<b>CERTIFIED FOOD HANDLER:</b> LAURIE SOBOLEWSKI	<b>EXP DATE:</b> 7/6/2010	<b>INSPECTOR:</b> Susan Lee-Yang - REHS

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**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed walk-in freezer cluttered with food products stored directly on top of one another and on the ground.  
Please clean and organize walk-in freezer.

Observed interior ice machine with mildew accumulation.  
Clean unit with chlorine and water solution.

Observed soda nozzles with syrup accumulation.  
Clean nozzles on a regular basis or as often as needed to prevent accumulation.

**Violation:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:** Observed raw meat products stored directly above oranges.  
All potentially hazardous foods must be stored below ready-to-eat foods.

Observed numerous food products stored directly on the ground inside walk-in freezer.  
All food products must be stored at a minimum of six inches above the ground.

Observed several food items in reach-in refrigerator located next to grill uncovered.  
Please cover all food products to prevent possible contamination.

**General Comments:**

Observed restroom and hand wash stations fully stocked with soap and paper towels.

Chlorine sanitizer for dishwasher and sanitizer bucket were noted at 100 ppm.

Soups were noted above 135° F.

All cold holding units were noted at or below 41°F.

Please note that a re-inspection will be performed at no charge. Each additional re-inspection required to verify compliance with necessary corrections listed in today's inspection report will be assessed \$195.00 re-inspection fees. Further enforcement action including permit suspension or an office hearing may be necessary in order to achieve compliance.

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*Natalie Hammons*

*Susan Lee-Yang - REHS*

Received By: \_\_\_\_\_

Agency Representative

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