



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> FASTRIP FOOD STORE	<b>BUSINESS PHONE:</b> (559) 925-1033	<b>RECORD ID#:</b> PR0005281	<b>DATE:</b> May 18, 2011
<b>FACILITY SITE ADDRESS:</b> 775 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> FASTRIP FOOD STORE, INC.	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Raymond Cooke - 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:

All cold temperatures were good.  
Facility is well maintained.

<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: \_\_\_\_\_

Raymond Cooke - REHS

Agency Representative

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



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<b>FACILITY NAME:</b> FASTRIP FOOD STORE	<b>BUSINESS PHONE:</b> (559) 925-1033	<b>RECORD ID#:</b> PR0005281	<b>DATE:</b> May 18, 2010
<b>FACILITY SITE ADDRESS:</b> 775 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> FASTRIP FOOD STORE, INC.	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Raymond Cooke - 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:** Ice scoop was noted buried in ice bin. store ice scoop in a clean and dry location.

**General Comments:**

All cold temperatures were noted to be at or below 41 degrees.

All handwash sinks were properly stocked.

Facility is well maintained.

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

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<b>FACILITY NAME:</b> FASTRIP FOOD STORE	<b>BUSINESS PHONE:</b> (559) 925-1033	<b>RECORD ID#:</b> PR0005281	<b>DATE:</b> May 08, 2009
<b>FACILITY SITE ADDRESS:</b> 775 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> FASTRIP FOOD STORE, INC.	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Veronica Santa Cruz

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 soda nozzles and dairy creamer nozzles for coffee to have built up debris. Please routinely clean nozzles.

Ice machine also had a build up of mildew in the interior of the machine. Clean the ice machine regularly with a bleach solution and wipe down with a clean towel.

**General Comments:**

The cold holding reach in unit measured at 41°F. Both restrooms were stocked with soap and paper towels. Newly installed ice cream parlor area had appropriate dipper wells with running water for the ice cream scoopers. Overall, facility is in good operating condition.

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

Veronica Santa Cruz

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

Agency Representative

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