



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

FACILITY NAME: FOSTERS FREEZE	BUSINESS PHONE: (559) 924-4858	RECORD ID#: PR0000583	DATE: January 29, 2010
FACILITY SITE ADDRESS: 71 E HANFORD-ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RAPHAEL MOORE	CERTIFIED FOOD HANDLER: RAPHAEL MOORE	EXP DATE: 3/14/2010	INSPECTOR: Veronica Santa Cruz-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:

Handwash station and restrooms were stocked with soap, paper towels, and hot water.
All cold holding units measured at 41°F or below.
The chili measured at 165° F in the hot holding unit.
Facility has up-to-date food temperature logs.
Observed employee checking the temperature of a beef patty.
Overall, facility is in good operating condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Raphael Moore

Veronica Santa Cruz-REHS

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: FOSTERS FREEZE	BUSINESS PHONE: (559) 924-4858	RECORD ID#: PR0000583	DATE: July 31, 2009
FACILITY SITE ADDRESS: 71 E HANFORD-ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RAPHAEL MOORE	CERTIFIED FOOD HANDLER: RAPHAEL MOORE	EXP DATE: 3/14/2010	INSPECTOR: 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.

General Comments:

All cold holding units measured at 41° F.
Handwash stations and restrooms have soap, paper towels, and hot water.
Facility has temperature logs.
Overall, facility is in good operating condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Wally Retornel

Received By:

Veronica Santa Cruz

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FOSTERS FREEZE	BUSINESS PHONE: (559) 924-4858	RECORD ID#: PR0000583	DATE: January 15, 2009
FACILITY SITE ADDRESS: 71 E HANFORD-ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RAPHAEL MOORE	CERTIFIED FOOD HANDLER: RAPHAEL MOORE	EXP DATE: 3/14/2010	INSPECTOR: Susan Lee-Yang

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 faucet of three compartment sink leaking. Please repair faucet to prevent leak.

General Comments:

- Observed restroom and hand wash station fully stocked with soap and paper towels.
- All cold holding units were noted at or below 41°F.
- Observed dipper well with continuous running water.
- Observed temperature logs accurate and up-to-date.
- Overall, facility is in good operating condition.

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 checked="" type="checkbox"/> Potential Food Safety All Star:

Rap Moore

Received By: _____

Susan Lee-Yang

Environmental Health Specialist

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