County of Kings - Department of Public Health
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

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
FREEZE STYLE FROZEN YOGURT	(559) 589-9570	PR0009179	October 12, 2016
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
566 N 11TH AVE	HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD MANAGER:**	**EXP DATE:**	**INSPECTOR:**
ANGEL DE LOS SANTOS	ANGEL DE LOS SANTOS	5/20/2018	Yatee Patel - 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:

Cold holding unit was at 38F.

Chili was at 140F.

Hand washing station was stocked. Re-place the paper towels inside the dispenser. Paper towel was available but not inside the dispenser.

Bleach is available for sanitizing.

Over all facility was in good condition for operation.

RESULTS OF EVALUATION: [X] **PASS** [ ] **NEEDS IMPROVEMENT** [ ] **FAIL**

Reinspection Required: **Yes:** [ ] **No:** [X]

Reinspection Date (on or after): **N/A**

[ ] Potential Food Safety All Star:

Received By:

Yatee Patel - REHS
Agency Representative

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

County of Kings - Department of Public Health
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

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
FREEZE STYLE FROZEN YOGURT	(559) 589-9570	PR0009179	October 23, 2015
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
566 N 11TH AVE	HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD HANDLER:**	**EXP DATE:**	**INSPECTOR:**
ANGEL DE LOS SANTOS	ANGEL DE LOS SANTOS	5/20/2018	Yatee Patel - 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 FOOD TEMPERATURE MONITORING [HSC 113998 & 114000]

Description/Corrective Action: Purchace a thermometer to monitor the chili (canned) when you heat it up in the unit.

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

Description/Corrective Action: Observed a leak (possible grease) from the reach in unit on the floor.
Please have a certified person fix the situation asap.

General Comments:

Operation has also included chili and cheese in the menu.

Limit food preps to chili, cheese (canned), shaved ice and frozen yogurt only.

Purchase a thermometer asap.

Thank you

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:

Yatee Patel - REHS
Agency Representative

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

County of Kings - Department of Public Health
Environmental Health Serivces 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:	BUSINESS PHONE:	RECORD ID#:	DATE:
FREEZE STYLE FROZEN YOGURT	(559) 589-9570	PR0009179	October 29, 2014
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
566 N 11TH AVE	HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD HANDLER:**	**EXP DATE:**	**INSPECTOR:**
ANGEL DE LOS SANTOS	ANGEL DE LOS SANTOS	5/20/2018	Government Intern

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:

Facility is well maintained and organized.

All dry storage is 6 inches above floor.

Sanitizer bucket noted at 200 QAC.

All cold holding temperatures noted at 41°F or below.

Thank you.

This facility was inspected by government intern Abel Simon.

RESULTS OF EVALUATION: [X] **PASS** [ ] **NEEDS IMPROVEMENT** [ ] **FAIL**

Reinspection Required: **Yes:** [ ] **No:** [X]

Reinspection Date (on or after): **N/A**

[ ] Potential Food Safety All Star:

Received By:

Government Intern
Agency Representative

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