



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/ehs

FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> FOSTERS FREEZE	<b>BUSINESS PHONE:</b> (559) 924-4858	<b>RECORD ID#:</b> PR0000583	<b>DATE:</b> January 10, 2017
<b>FACILITY SITE ADDRESS:</b> 71 E HANFORD-ARMONA RD	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RAPHAEL MOORE	<b>CERTIFIED FOOD MANAGER:</b> RAPHAEL L. MOORE	<b>EXP DATE:</b> 5/14/2020	<b>INSPECTOR:</b> Abel Simon - 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:

Hand wash station was observed to be fully stocked with hot water, soap, and paper towels.

Observed all food items in the walk-in to be covered.

The temperature of all cold holding units was noted to be below 41°F.

The temperature of the hot holding foods was noted to be above 135°F.

The temperature log of the foods was noted to be current.

The restrooms were fully stocked and wall maintained.

The tiles inside the walk-in refrigerator were all replaced except for a half a row that is located adjacent to the cold holding wall. Facility owner stated they are currently working on installing this last row. Please make sure it is completed before the next routine inspection.

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:

*Raphael Moore*

Received By:

*Abel Simon - REHS*

Agency Representative

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



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<b>FACILITY NAME:</b> FOSTERS FREEZE	<b>BUSINESS PHONE:</b> (559) 924-4858	<b>RECORD ID#:</b> PR0000583	<b>DATE:</b> July 26, 2016
<b>FACILITY SITE ADDRESS:</b> 71 E HANFORD-ARMONA RD	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RAPHAEL MOORE	<b>CERTIFIED FOOD MANAGER:</b> RAPHAEL L. MOORE	<b>EXP DATE:</b> 5/14/2020	<b>INSPECTOR:</b> Abel Simon - 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 missing tiles on the floor of the walk-in refrigerator. Please make sure to replace these before the next routine inspection.

General Comments:

The cold holding temperatures were noted to be at or below 41°F for all cold holding units including the walk-in refrigerator.

The temperature of the french fries in the hot holding unit was noted to be above 135°F.

The hand wash station was observed to be fully stocked.

All items in the walk-in and dry storage were observed to be above the floor six inches.

Thank you.

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:

*Raphael Moore*

Received By:

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<b>FACILITY NAME:</b> FOSTERS FREEZE	<b>BUSINESS PHONE:</b> (559) 924-4858	<b>RECORD ID#:</b> PR0000583	<b>DATE:</b> January 14, 2016
<b>FACILITY SITE ADDRESS:</b> 71 E HANFORD-ARMONA RD	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RAPHAEL MOORE	<b>CERTIFIED FOOD HANDLER:</b> RAPHAEL L. MOORE	<b>EXP DATE:</b> 5/14/2020	<b>INSPECTOR:</b> Abel Simon - 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 holding units were noted to be below 41°F.

Fries in the hot holding table were noted to be above 135°F.

Temperature food logs were available and current.

Hand wash sink was noted to be fully stocked.

Restrooms were observed to be fully stocked.

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:

Abel Simon - REHS

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