



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

FACILITY NAME: FOSTERS FREEZE	BUSINESS PHONE: (209) 658-6500	RECORD ID#: PR0010507	DATE: November 02, 2022
FACILITY SITE ADDRESS: 71 E HANFORD ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: LOREN WRIGHT	CERTIFIED FOOD MANAGER: Brittnay Demasters	EXP DATE: 1/8/2024	INSPECTOR: SEM HAR GEBREGZIABIHE

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: Repeat violation: Observed a pile of syrup leaking out of the syrup dispenser in the cupboards underneath the soda machine. The manager on site stated that the syrup dispenser was bought last year, however the leaking syrup has to be cleaned daily due to the constant leak. Please replace this faulty equipment to prevent vermin attraction and microbial growth.

Repeat violation: Observed a large pan of used oil underneath the three compartment sink in the back area. Please have this pan covered as this can attract vermin.

General Comments:

The purpose of this inspection is to verify compliance with the previous routine inspection. The inspection revealed the following:

- The facility was observed to be clean and free from food build up.
- The hoods were observed to be clean, the supervisor on site during the time of inspection, stated they were recently serviced.
- All food handler cards are current for the time being, please ensure this is maintained and food handler classes are taken in a timely manner (i.e. before the current food handler cards date of expiration).
- All frozen food was observed to be covered to prevent cross contamination.

Overall the facility is in good condition, please correct the above noted violations in a timely manner.

Thank you for your time.

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



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OWNER NAME: LOREN WRIGHT	CERTIFIED FOOD MANAGER: Brittnay Demasters	EXP DATE: 1/8/2024	INSPECTOR: SEM HAR GEBREGZIABIHE

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.

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

Received By: _____

Agency Representative _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FOSTERS FREEZE	BUSINESS PHONE: (209) 658-6500	RECORD ID#: PR0010507	DATE: September 09, 2022
FACILITY SITE ADDRESS: 71 E HANFORD ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LOREN WRIGHT	CERTIFIED FOOD MANAGER: Brittnay Demasters	EXP DATE: 1/8/2024	INSPECTOR: SEM HAR GEBREGZIABIHE

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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed food debris, syrup build up, grease build up throughout the facility. This facility is in need of a deep clean of its floors, walls, and surfaces including but not limited to equipment surfaces, handles on refrigeration/ freezer units etc. Please have the facility deep cleaned asap to prevent pest attraction and cross contamination.

Observed the hoods to be dirty with heavy grease accumulation, the last cleaning service was in May 2022. Please have the hood cleaned and serviced as soon as possible.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Observed the hand washing sink and the table adjacent to it to have dust and debris accumulation. Please clean this as soon as possible.

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

Description/Corrective Action: Observed open buckets of used oil in the food prep sink area. The shift supervisor stated before the oil goes out to the refuse area grease containers the oil is first accumulated in buckets then sent out to the grease containers. Please properly seal/ close all buckets and store all used oil in a designated area to prevent cross contamination and pest attraction.

Observed a large pile of syrup leaking out of the syrup dispenser, in the cupboards underneath the soda machine. Please have maintenance personnel look into this matter asap, and have an employee clean up the syrup.

Violation: NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES

Description/Corrective Action: Observed Josephina Jones's food handler card to be expired (11/2/2021), please have this employee retake the food handler course and submit a copy of their certificate to the department.

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

Description/Corrective Action: Observed frozen foods (chicken tenders and french fries) uncovered in the freezer adjacent to the fryers. Please cover these items immediately to prevent cross contamination.

General Comments:

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FOSTERS FREEZE	BUSINESS PHONE: (209) 658-6500	RECORD ID#: PR0010507	DATE: September 09, 2022
FACILITY SITE ADDRESS: 71 E HANFORD ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LOREN WRIGHT	CERTIFIED FOOD MANAGER: Brittnay Demasters	EXP DATE: 1/8/2024	INSPECTOR: SEM HAR GEBREGZIABIHE

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.

Observations:

Hand washing stations were fully stocked with hot water, soap, and paper towels.

Restrooms were fully stocked with hot water, soap, and paper towels.

Dry storage was in satisfactory condition, and items were placed six inches above the ground.

The lobby area was in satisfactory condition.

Hot holding temperatures for corn dogs was 178 F.

Hot holding temperatures for chicken tenders was 146.4F.

All refrigeration units were functioning properly at 41F.

All freezer units were functioning properly at 0F and below.

Food manager and food handler cards were available for review. Multiple food manager cards were available.

A re- inspection will be conducted on or after 09/26/2022 to verify compliance with the above noted violations. If further re-inspections are required a \$226 fee per inspection will be implemented. Please contact the department should you have any questions.

Thank you for your time.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" 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>9/23/2022</u> <input type="checkbox"/> Potential Food Safety All Star:

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Received By: _____

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FOSTERS FREEZE	BUSINESS PHONE: (209) 658-6500	RECORD ID#: PR0010507	DATE: February 10, 2021
FACILITY SITE ADDRESS: 71 E HANFORD ARMONA RD	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LOREN WRIGHT	CERTIFIED FOOD MANAGER: BRITTNAY DEMASTERS	EXP DATE: 1/8/2024	INSPECTOR: 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 the vent cover in the women's restroom missing. Replace missing vent cover.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Observed food debris accumulated behind equipment by the soft serve ice cream machine. Ensure thorough and regular cleaning occurs to prevent accumulation.

General Comments:

Hand wash stations have hot and cold water, soap, and paper towels.

Hamburger patties, corn dogs, and burritos in hot holding units were measured above 135F.

Cold holding units were measured at or below 41F.

QAC sanitizer in the 3-compartment sink and sanitizer bucket was measured at 200 ppm.

Observed temperature logs up-to-date.

Observed employees wearing face coverings and washing their hands.

A copy of the unsigned report will be emailed to the operator. Please contact our office at 559-584-1411 if there are any questions.

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:

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