



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> FASTRIP FOOD STORE #654	<b>BUSINESS PHONE:</b> (559) 925-1033	<b>RECORD ID#:</b> PR0005281	<b>DATE:</b> May 06, 2020
<b>FACILITY SITE ADDRESS:</b> 775 N LEMOORE AVE	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> PUBLIC INFORMATION/EDUCATIOI
<b>OWNER NAME:</b> FASTRIP FOOD STORE, INC.	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Liliana Stransky - 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:

An inspection of the UST system was conducted for the facility and after observing all employees without face coverings, a review of the CDC guidelines related to the prevention and spread of COVID 19 was conducted with the operator.

We want to commend the facility's actions for implementing safe distancing practices through floor markings and door signs, and installing pexiglass along the cashier counter for added employee and customer protection. However, due to the high volume of customers that visit the facility on a daily basis, and employees needing to move about the entire store to provide customer service, our Department is strongly recommending to follow the CDC guidelines and wear face coverings/masks. It's our understanding these have been provided, but employees have opted not to wear them.

Please contact our Department if you have any questions.

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:

Liliana Stransky - 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 #654	<b>BUSINESS PHONE:</b> (559) 925-1033	<b>RECORD ID#:</b> PR0005281	<b>DATE:</b> May 07, 2019
<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 MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Liliana Stransky - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.  
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**Violation:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:** Observed a jar of jalapenos for nachos stored in a reach in cold unit. Customers are given plastic forks to self serve directly from the jar. To prevent cross-contamination, discontinue this practice and store the jalapenos in an appropriate dispenser with a scoop/spoon or tongs.

The jalapeno jar was removed during the inspection.

**General Comments:**

The following observations were made during today's inspection:

- \* All refrigeration temperatures were noted at or below 41F.
- \* The restroom facilities were noted with fully stocked hand washing stations.
- \* No food preparation is conducted onsite. All pre-packaged food items were displayed above the ground a minimum of 6 inches.

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:

Liliana Stransky - REHS

Agency Representative

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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> FASTRIP FOOD STORE #654	<b>BUSINESS PHONE:</b> (559) 925-1033	<b>RECORD ID#:</b> PR0005281	<b>DATE:</b> May 07, 2018
<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 MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Luis Flores - 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 COLD HOLDING TEMPERATURE(S) [HSC 113996]

**Description/Corrective Action:** Luncheon food temperatures monitored in the front open display unit were monitored at a temperature of 45F. Some ambient temperatures monitored were as high as 48F. Staff cleaned out the unit's condenser coils as a means to adjust the unit's temperature.

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

**Description/Corrective Action:** The ice scoop was observed in the ice bed. The scoop was removed. Discontinue the storage of the scoop directly in the ice bed. Store the scoop outside the ice machine in either a clean container or plastic bag.

**General Comments:**

Other than the luncheon food product refrigeration temperature issue. All other refrigeration product temperatures meet State Food Code holding requirements.

The general food store is very well maintained.

<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input checked="" 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:

*Dmignuel*

*Luis Flores - REHS*

Received By:

Agency Representative

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