



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: J & A MARKET	BUSINESS PHONE: (559) 992-4490	RECORD ID#: PR0000350	DATE: November 28, 2011
FACILITY SITE ADDRESS: 1909 S DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ABDULLA MOHAMED NASER SHOUFER	CERTIFIED FOOD HANDLER: ADULA SHOUFER	EXP DATE: 1/7/2009	INSPECTOR: Lee Johnson - 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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Please provide paper towels to two compartment sink and front hand sink, and soap and paper towels to restroom.

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

Description/Corrective Action: The store was noted to be cleaner than before, but some work remains to be done. Remove items not related to the business from the rear storage room and preparation area.

Many areas of flooring in the store are deteriorated and require repair. Please begin repairs prior to next inspection.

General Comments:

No hot holding was occurring during inspection, but unit has reportedly been repaired. All cold temperatures checked today were satisfactory.

Thank you.

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> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Lee Johnson - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: J & A MARKET	BUSINESS PHONE: (559) 992-4490	RECORD ID#: PR0000350	DATE: April 11, 2011
FACILITY SITE ADDRESS: 1909 S DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ABDULLA MOHAMED NASER SHOUFER	CERTIFIED FOOD HANDLER: ADULA SHOUFER	EXP DATE: 1/7/2009	INSPECTOR: Lee Johnson - 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: UNNECESSARY ITEMS AND LITER (HSC 114257.1)

Description/Corrective Action: See Improper Facility Maintenance.

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

Description/Corrective Action: The entire facility is in need of thorough and regular cleaning to removed debris, dust, spider webs, unused and unnecessary equipment, general clutter, etc.

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

Description/Corrective Action: Please provide liquid hand soap and paper towels to two compartment sink.

Violation: IMPROPER HOT HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Temperatures of two whole BBQ chickens and 4 BBQ tri tips ranged from 88-113F. All product was discarded by owner during inspection. Chicken must be cooked to 165F and held at no less than 135F at all times, as measured by a probe thermometer.

General Comments:

Cold temperatures checked today were satisfactory.

Reinspection will occur on or after 5/2/11. Failure to adequately correct the above-noted violations by that time will result in the need for additional inspections, for which you will be billed \$220 each.

Thank you.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input checked="" type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> Reinspection Date (on or after): 5/2/2011 <input type="checkbox"/> Potential Food Safety All Star:
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Received By: _____

Lee Johnson - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD HANDLER, EXP DATE, INSPECTOR.

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: The flooring in the facility still needs replacing, the walk in refrigeration unit is flooring is also in need of repairs as the foundation under the refrigeration unit is failing.

At this time this department is requesting you submit a written set of plans and time line for the required repairs with in 60 days from today.

Drain line from the soda machine is leaking waste water, please repair.

Violation: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Restroom handwash sink did not have paper towels, please provide paper towels.

Please remove "bar" type soap and the disposable razor.

General Comments:

At this time this department is requesting you submit a written set of plans and time line for the required repairs with in 60 days from today.

RESULTS OF EVALUATION: [] PASS [X] NEEDS IMPROVEMENT [] FAIL. Reinspection Required: Yes: [] No: [X]. Reinspection Date (on or after): N/A. [] Potential Food Safety All Star:

Left in office

Troy Hommerding-REHS

Received By:

Agency Representative

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