



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: N & M MARKET	BUSINESS PHONE: (559) 992-5858	RECORD ID#: PR0000371	DATE: April 15, 2011
FACILITY SITE ADDRESS: 2024 GARVEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JAMAL M AHMED	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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 CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: Please clean the microwave to remove accumulated debris.

General Comments:

Refrigeration temperatures were good today. No hot holding is occurring.

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:

Jamal M Ahmed

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: N & M MARKET	BUSINESS PHONE: (559) 992-5858	RECORD ID#: PR0000371	DATE: August 17, 2009
FACILITY SITE ADDRESS: 2024 GARVEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JAMAL M AHMED	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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 FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]
Description/Corrective Action: Store, back room, and restroom are in need of regular cleaning.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]
Description/Corrective Action: Please provide paper towels to hand sink.

General Comments:

Cold temps were satisfactory. No food prep is occurring.

You MUST submit construction plans to our office prior to installing or operating any equipment for a planned cold deli department.

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:

Saleh Alarami

Received By: _____

Lee Johnson - REHS

Agency Representative

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