



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: February 05, 2010
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: There is no light in the first (south) back room. Please repair so that this area has adequate lighting.

The back rooms of the store are in need of cleaning to remove unused items (behind the walk-in, and in both storage rooms) and to remove potential pest harborage locations. Sleeping quarters adjacent to retail store is not allowed and the mattress must be removed. Please clean along the west side of the retail floor to remove accumulated unused items.

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

Description/Corrective Action: Please provide paper towels to hand sink and clean toilet.

General Comments:

Walk in temperature was below 41F (good). Please repair light switch in walk in. No hot holding is occurring or permitted.

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:

Jamal 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

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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"/>
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Saleh Alarami

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