



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: SOUTHSIDE MARKET	BUSINESS PHONE: (559) 992-2253	RECORD ID#: PR0000367	DATE: January 14, 2010
FACILITY SITE ADDRESS: 2003 S DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ALI MOHAMED & AYAAABDO MOHAMED	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: The microwave was in need of cleaning and was cleaned by the operator during inspection.

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

Description/Corrective Action: The restroom sink lacked soap and paper towels. These were provided during inspection. Thank you.

General Comments:

The back room is now more organized and less cluttered. Thank you. No food preparation is permitted or occurring. All cold temperatures were 41F or less today.

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:

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: SOUTHSIDE MARKET	BUSINESS PHONE: (559) 992-2253	RECORD ID#: PR0000367	DATE: August 17, 2009
FACILITY SITE ADDRESS: 2003 S DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ALI MOHAMED & AYAAABDO MOHAMED	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: Facility is w need of cleaning, especially in the back room. Please remove all empty boxes and remove unneeded equipment.

General Comments:

Sink has hot and cold running water, soap and paper towels. No food prep 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:

Received By: _____

Lee Johnson - REHS
Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SOUTHSIDE MARKET	BUSINESS PHONE: (559) 992-2253	RECORD ID#: PR0000367	DATE: January 09, 2009
FACILITY SITE ADDRESS: 2003 S DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: ALI MOHAMED & AYAAABDO MOHAMED	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Lee Johnson

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:

All issues from the previous inspection (12/19/08) have been corrected. Store is cleaner. 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:

Lee Johnson

Received By:

Environmental Health Specialist

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