



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: SQUARE DEAL MARKET	BUSINESS PHONE: (559) 992-2190	RECORD ID#: PR0000573	DATE: September 07, 2011
FACILITY SITE ADDRESS: 636 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MUTAHAR NORMAN MANA	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: Please remove boxes and shrink wrap from walk in floor, and secure large CO2 tank to prevent tip over. Please clean soda dispenser ice shoot interior to remove debris.

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

Description/Corrective Action: The two compartment sink lacked paper towels and the restroom lacked paper towels and hand soap. These were provided during inspection. Please keep all sinks fully stocked at all times.

General Comments:

No hot holding is occurring or permitted at this facility.

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 - REHS

Received By: _____

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SQUARE DEAL MARKET	BUSINESS PHONE: (559) 992-2190	RECORD ID#: PR0000573	DATE: April 06, 2011
FACILITY SITE ADDRESS: 636 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MUTAHAR NORMAN MANA	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Troy Hommerding-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: RESTROOM FACILITIES NOT MAINTAINED

[HSC 114250 & 114276]

Description/Corrective Action: Employee restroom did not have paper towels. Please provide paper towels.

General Comments:

Cold holding temperatures were measured at 41°F.

General store area is in satisfactory condition

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Troy Hommerding-REHS

Received By:

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: SQUARE DEAL MARKET	BUSINESS PHONE: (559) 992-2190	RECORD ID#: PR0000573	DATE: June 11, 2010
FACILITY SITE ADDRESS: 636 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MUTAHAR NORMAN MANA	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 HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: Please provide hot water to the restroom sink.

General Comments:

All cold temperatures checked today were satisfactory. No hot holding is occurring or permitted at this time.

Note: The owner is considering installing a fryer and hot holding unit. Prior to operation you must submit 3 copies of plans to our office for review. Plans must include proposed changes, including detailed information on all equipment to be installed. All equipment must be functional, certified for food service and commercial grade. Equipment may include (but not limited to) fryer, ventilation hood, hot holding unit, freezer, etc. A plan check application form and information packet are available at our website above. Please contact our office for additional information prior to proceeding.

Thank you.

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

Mutahar Mana

Received By: _____

Lee Johnson - REHS

Agency Representative

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