



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**

<b>FACILITY NAME:</b> A & M SALESYARD	<b>BUSINESS PHONE:</b> (559) 582-2149	<b>RECORD ID#:</b> PR0005276	<b>DATE:</b> June 29, 2011
<b>FACILITY SITE ADDRESS:</b> 12051 8TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 932320096	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ART MARTELLA	<b>CERTIFIED FOOD HANDLER:</b> JULIA FELTON	<b>EXP DATE:</b> 10/10/2011	<b>INSPECTOR:</b> Yatee Patel - 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:** OTHER PERMIT VIOLATION

**Description/Corrective Action:** Observed foods ( ham burgers, ham) that require cooking and that produce grease & fumes cooked at the facility. This practice is not allowed due to fire hazard and the facility does not have a hood. Discontinue this practice immediately.

**Violation:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:** Separate raw meats from previously cooked items and store at the lowest point of the refrigerator

**General Comments:**

Cold holding unit was at 37°F.

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

*Julia Felton*

Received By: \_\_\_\_\_

*Yatee Patel - REHS*

Agency Representative

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



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<b>FACILITY NAME:</b> A & M SALESYARD	<b>BUSINESS PHONE:</b> (559) 582-2149	<b>RECORD ID#:</b> PR0005276	<b>DATE:</b> April 08, 2010
<b>FACILITY SITE ADDRESS:</b> 12051 8TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 932320096	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ART MARTELLA	<b>CERTIFIED FOOD HANDLER:</b> JULIA FELTON	<b>EXP DATE:</b> 10/10/2011	<b>INSPECTOR:</b> Susan Lee-Yang - 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:** Observed refrigerator with food crumbs and debris. Please clean unit on routine basis.

**General Comments:**

Refrigerator was noted at 38°F.

Please have paper towels adjacent to hand wash station.

Facility serves food only on Wednesdays.

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:

*CSilva*

*Susan Lee-Yang - REHS*

Received By: \_\_\_\_\_

Agency Representative

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<b>FACILITY NAME:</b> A & M SALESYARD	<b>BUSINESS PHONE:</b> (559) 582-2149	<b>RECORD ID#:</b> PR0005276	<b>DATE:</b> October 28, 2009
<b>FACILITY SITE ADDRESS:</b> 12051 8TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 932320096	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ART MARTELLA	<b>CERTIFIED FOOD HANDLER:</b> JULIA FELTON	<b>EXP DATE:</b> 10/10/2011	<b>INSPECTOR:</b> Liliana Stransky - 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: None Noted

General Comments:

Please keep all food covered to prevent any risk of cross contamination.  
Refrigerator was observed at 36F. Only food prepared at time of inspection were sandwiches.

Thank you!

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:

*Julia M Felton*

Received By: \_\_\_\_\_

*Liliana Stransky - REHS*

\_\_\_\_\_  
Agency Representative

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