



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> FAMILY MARKET	<b>BUSINESS PHONE:</b> (559) 582-0621	<b>RECORD ID#:</b> PR0000390	<b>DATE:</b> April 30, 2012
<b>FACILITY SITE ADDRESS:</b> 218 E IVY	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> 1ST FOLLOW UP INSPECTION
<b>OWNER NAME:</b> SALEH H ALKOBADI	<b>CERTIFIED FOOD HANDLER:</b> N/A	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Luis Flores

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:

Bathroom floor repair was completed as required by the prior facility inspection. Additionally, a new handwash sink and cabinet were installed. All repair work was nicely done. 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:

SAM SALEH

Luis Flores

Received By:

Agency Representative

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



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<b>FACILITY NAME:</b> FAMILY MARKET	<b>BUSINESS PHONE:</b> (559) 582-0621	<b>RECORD ID#:</b> PR0000390	<b>DATE:</b> April 06, 2012
<b>FACILITY SITE ADDRESS:</b> 218 E IVY	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SALEH H ALKOBADI	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Luis Flores

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:** The restroom wood floor is weak and appears to be capable of collapsing at any time. Have this flooring repaired as soon as possible but no later than 30 days. Contact our Department when the repair work is completed.

**General Comments:**

Refrigerated cold food temperatures were satisfactory. Overall, the facility appears well maintained at this time.

<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:

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

*Luis Flores*

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

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> FAMILY MARKET	<b>BUSINESS PHONE:</b> (559) 582-0621	<b>RECORD ID#:</b> PR0000390	<b>DATE:</b> January 06, 2011
<b>FACILITY SITE ADDRESS:</b> 218 E IVY	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> SALEH H ALKOBADI	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Kimberly Marquez

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:** SPOILED OR ADULTERATED FOOD PRODUCTS DISPLAYED [HSC 113980 & 114055]

**Description/Corrective Action:** Observed mold on burritos please check food on a daily basis to prevent selling spoiled food. Operator fixed issue at time of inspection. Thank you

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

**Description/Corrective Action:** Observed no paper towels or soap at hand wash station. Please fix issue was noted in last inspection.

**General Comments:**

All cold holding units temperatures were noted at 41°F or below.

Soda machine nozzles were clean. Keep up the good work.

**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:

Kimberly Marquez

Agency Representative

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