



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 & R MARKET	BUSINESS PHONE: (559) 584-4197	RECORD ID#: PR0000202	DATE: September 01, 2011
FACILITY SITE ADDRESS: 11998 S 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: NORA AHMED	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Government Intern

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 and removed 2 Gerber 3.5 oz of the applesauce from shelf due to expired date.

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

Description/Corrective Action: Restroom did not have any soap or paper towels. Make sure restroom is stocked with soap and paper towels at all times.

General Comments:

Refrigerator was noted below 41°F.
Food products were stored off the ground.
This inspection was conducted by Pheng Moua.

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:

Received By: _____

Government Intern
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 & R MARKET	BUSINESS PHONE: (559) 584-4197	RECORD ID#: PR0000202	DATE: September 15, 2010
FACILITY SITE ADDRESS: 11998 S 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: NORA AHMED	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: 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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed condensation of debris inside lining of ice machine located in back room. Please clean on a regular basis.

Soda nozzles were observed to have syrup condensation and debris. Please clean on a regular basis.

Microwave contained food debris. Please clean on a daily basis.

Restroom self closing spring on door was broken at time of inspection. Please fix as soon as possible.

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

Description/Corrective Action: Observed 3 bags of rice with infestation of bugs. Please discard rice and check rice on a regular basis.

General Comments:

Cold holding unit was noted at 41 ° F.
Restroom was fully stocked with soap, paper towels and hot running water.

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:

Received By: _____

Kimberly Marquez
Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: N & R MARKET	BUSINESS PHONE: Not Specified	RECORD ID#: PR0000202	DATE: January 08, 2009
FACILITY SITE ADDRESS: 11998 S 10TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: NORA AHMED	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Susan Lee-Yang

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 three bags of 32 oz Best Yet Long Grain Enriched Rice with insects. Notified operator and operator immediately removed off shelf.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed storage room cluttered and disorganized. Please keep storage room clean and organize.

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

Description/Corrective Action: Observed restroom without soap and paper towels. Please have liquid hand soap and paper towels stocked at all times.

General Comments:

Reach- in refrigerator storing sandwiches, cheese, milk, burrito was noted at 41°F.

Overall, facility needs to maintain housekeeping cleaning.

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): _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

Susan Lee-Yang

Received By: _____

Environmental Health Specialist

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