



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: KETTLEMAN CITY MARKET	BUSINESS PHONE: (559) 386-0304	RECORD ID#: PR0000387	DATE: May 14, 2009
FACILITY SITE ADDRESS: 216 BECKY PEASE	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SULTAN ALFARAH	CERTIFIED FOOD HANDLER: SULTAN ALFARAH	EXP DATE: 10/12/2009	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: LACK OF OR IMPROPER USE OF THERMOMETERS [HSC 114157-114159]

Description/Corrective Action: Please provide a thermometer to the yogurt refrigerator.

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

Description/Corrective Action: Please repair the inside lid of the chest freezer in the back room to seal it so that insulation is not exposed.

Please keep the ice cream scoop in the refrigerator when not in use.

Please provide a scoop to the El Mexicano Spice rack bulk dispensers.

General Comments:

All hot and cold temperatures checked today were appropriate. All handwash sinks were fully stocked. 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:

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: KETTLEMAN CITY MARKET	BUSINESS PHONE: (559) 386-0304	RECORD ID#: PR0000387	DATE: December 11, 2008
FACILITY SITE ADDRESS: 216 BECKY PEASE	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: SULTAN ALFARAH	CERTIFIED FOOD HANDLER: SULTAN ALFARAH	EXP DATE: 10/12/2009	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: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: The floor in the walk in refrigerator and in the back room is in need of cleaning. Please clear regularly.

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

Description/Corrective Action: Ice cream scoop was noted in a container of standing water at room temperature. Either install dipper well or keep scoop refrigerated.

General Comments:

All hot and cold food temperatures checked today were satisfactory. A digital probe thermometer is present. The sales floor and kitchen are generally clean. 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:

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Lee Johnson

Received By:

Environmental Health Specialist

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KETTLEMAN CITY MARKET	BUSINESS PHONE: (559) 386-0304	RECORD ID#: PR0000387	DATE: February 04, 2008
FACILITY SITE ADDRESS: 216 BECKY PEASE	CITY: KETTLEMAN CITY	ZIP CODE: 93239	INSPECTION TYPE: 2ND+ FOLLOWUP INSPECTION
OWNER NAME: SULTAN ALFARAH	CERTIFIED FOOD HANDLER: SULTAN ALFARAH	EXP DATE: 10/12/2007	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

Description/Corrective Action:

General Comments:

The violations noted on the last inspection report have been corrected. The probe thermometer on site is an older analog (dial face) model. It is strongly recommended that this be replaced by a new digital model before the next inspection.

Please clean the nacho cheese dispenser in the deli, and provide paper towels to the restroom. 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:

Signature: _____

Lee Johnson

Environmental Health Officer

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