



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: M & A MARKET	BUSINESS PHONE: (559) 947-3644	RECORD ID#: PR0003557	DATE: December 21, 2009
FACILITY SITE ADDRESS: 20358 MAIN ST	CITY: STRATFORD	ZIP CODE: 93266	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MOHMOD A ALRIHIMI	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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Please provide liquid hand soap (instead of bar soap) and a trash can to the restroom.

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

Description/Corrective Action: The store is in need of thorough and regular clearing, especially in the back room.

General Comments:

No hot holding is occurring or permitted. Walk in temperature was satisfactory. Thank you.

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): <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: M & A MARKET	BUSINESS PHONE: (559) 947-3644	RECORD ID#: PR0003557	DATE: May 29, 2009
FACILITY SITE ADDRESS: 20358 MAIN ST	CITY: STRATFORD	ZIP CODE: 93266	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MOHMOD A ALRIHIMI	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 liquid hand soap to restroom sink. Bar soap and dish soap is not acceptable.

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

Description/Corrective Action: Please remove boxes and debris from the floor in the store room and walk-in. Please dust products and shelving regularly to keep clean.

General Comments:

Store is in need of general and regular cleaning.

No hot holding is occurring or permitted. Walk-in temperature is satisfactory. Thank you.

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:

Received By: _____

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: M & A MARKET	BUSINESS PHONE: (559) 947-3658	RECORD ID#: PR0003557	DATE: April 01, 2008
FACILITY SITE ADDRESS: 20358 MAIN ST	CITY: STRATFORD	ZIP CODE: 93266	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MOHMOD A ALRIHIMI	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	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: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: Please seal and paint exposed ceiling and wall board in restroom.

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

Description/Corrective Action: Store is in need of thorough cleaning, especially in the back room. All boxes, cardboard, trash and broken equipment must be removed.

General Comments:

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:
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Signature: _____

Lee Johnson
Environmental Health Officer

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