



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: AMIGO'S MINI MART	BUSINESS PHONE: (559) 386-4679	RECORD ID#: PR0000434	DATE: March 02, 2010
FACILITY SITE ADDRESS: 301 KINGS	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ADNAN OBAID	CERTIFIED FOOD HANDLER: SALEEM MEFTAH	EXP DATE: 4/26/2011	INSPECTOR: Troy Hommerding-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: Handwash sink by in the back storage area is cluttered with debris and must be cleaned. Please clean the entire area and remove all debris.

Customer restroom lacked paper towels for drying hands. Please provide paper towels.

General Comments:

Front door of the store was hit by a car and is currently being repaired.

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:

Troy Hommerding-REHS

Received By: _____

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: AMIGO'S MINI MART	BUSINESS PHONE: (559) 386-4679	RECORD ID#: PR0000434	DATE: August 26, 2009
FACILITY SITE ADDRESS: 301 KINGS	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ADNAN OBAID	CERTIFIED FOOD HANDLER: SALEEM MEFTAH	EXP DATE: 4/26/2011	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 FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Please clean flooring to remove accumulated debris beneath the soda syrup rack, and secure the CO2 tanks to prevent tip over.

Violation: IMPROPER COLD HOLDING TEMPERATURE(S) [HSC 113996]

Description/Corrective Action: Sandwich walk in measured 44F. Adjust to maintain 41F or less at all times.

General Comments:

No hot holding is occurring. Store was clean. 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): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By: _____

Lee Johnson - REHS

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: AMIGO'S MINI MART	BUSINESS PHONE: (559) 386-4679	RECORD ID#: PR0000434	DATE: February 09, 2009
FACILITY SITE ADDRESS: 301 KINGS	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ADNAN OBAID	CERTIFIED FOOD HANDLER: SALEEM MEFTAH	EXP DATE: 4/26/2011	INSPECTOR: Troy Hommerding-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: Hand wash sink next to the three compartment was noted with out paper towels once again. Pleas provide paper towels.

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

Description/Corrective Action: Restroom hand wash sink was once again noted with out paper towels. Please provide paper towels for restroom hand wash Sink.

General Comments:

Cold holding temperatures were at the proper regulatory requirements.

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:

Troy Hommerding-REHS

Received By: _____

Agency Representative

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