



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: MERCADO LATINO	BUSINESS PHONE: (559) 386-3329	RECORD ID#: PR0000271	DATE: June 08, 2009
FACILITY SITE ADDRESS: 140 E KINGS ST	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: APNAN OBAID/SAEED OBAID	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 REFUSE STORAGE OR DISPOSAL [HSC 114244-114245.8]
Description/Corrective Action: Please remove accumulated empty boxes from the store room.

General Comments:

Restroom is fully stocked. All temperatures checked were satisfactory. 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:

Lee Johnson - 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: MERCADO LATINO	BUSINESS PHONE: (559) 386-3329	RECORD ID#: PR0000271	DATE: December 16, 2008
FACILITY SITE ADDRESS: 140 E KINGS ST	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: APNAN OBAID/SAEED OBAID	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: IMPROPER PLUMBING OR LIQUID WASTE DISPOSAL [HSC 114189-114242]

Description/Corrective Action: The seal at the base of the toilet has failed & must be replaced immediately so the toilet does not leak and is fully functional. (Employees currently use restroom in upstairs apartment.)

General Comments:

Cold temps are good. No hot holding is occurring or permitted. Thank you.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> Reinspection Date (on or after): 12/22/2008 <input type="checkbox"/> 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: MERCADO LATINO	BUSINESS PHONE: (559) 386-3329	RECORD ID#: PR0000271	DATE: June 16, 2008
FACILITY SITE ADDRESS: 140 E KINGS ST	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: APNAN OBAID/SAEED OBAID	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: None Noted

Description/Corrective Action:

General Comments:

Debris and expired food in the store room has been removed. Thank you.

Please provide paper towels (not napkins) to restroom.

Report was mailed to operator because of computer malfunction.

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:

Mailed

Signature: _____

Lee Johnson

Environmental Health Officer

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