



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: T & T MARKET	BUSINESS PHONE: (559) 386-5195	RECORD ID#: PR0000609	DATE: November 04, 2009
FACILITY SITE ADDRESS: 803 SKYLINE	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: NIZZAR/LAZAR ISSA/GASSON HAWAIZO	CERTIFIED FOOD HANDLER: MIKE HINOHOSA	EXP DATE: 10/9/2009	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: None Noted

General Comments:

Reinspection today of construction. A new reach in display has been installed in front of the meat dept, a new walk in refrigerator has been installed in the meat dept, and a new walk in reach in freezer and refrigeration unit has been installed along the back wall of the sales floor. All temps were satisfactory. A new produce walk in is scheduled to be installed next week. The condensate drain line for this unit must drain indirectly through an air gap.

Adequate amounts of shelving must be installed in the meat walk in and in the new freezer.

Work on the meat dept will continue in the future once the owner repairs the holes in the roof.

RESULTS OF EVALUATION: <input 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: T & T MARKET	BUSINESS PHONE: (559) 386-5195	RECORD ID#: PR0000609	DATE: September 16, 2009
FACILITY SITE ADDRESS: 803 SKYLINE	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: NIZZAR/LAZAR ISSA/GASSON HAWAIZO	CERTIFIED FOOD HANDLER: MIKE HINOHOSA	EXP DATE: 10/9/2009	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 FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Fly trap in the meat department needs to be maintained. Currently the UV fly light is missing the sticky pad, please replace.

Ceiling in the meat department needs repair, water damage from a leaking roof cooler was noted. Please repair.

Violation: IMPROPER SHELLFISH IDENTIFICATION OR TRACKING [HSC 114039-114039.5]

Description/Corrective Action: Facility did have the most recent shellfish tags, shellfish were removed from the sales area. These shellfish are not to be sold to the public. Shellfish tags must be kept on site up to 90 days after the last shellfish is sold.

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

Description/Corrective Action: Paper towels were noted missing in the handwash sink in the meat department, please provide paper towels.

General Comments:

A new walk in cooler was noted being installed today, no plas were recieved for this installation. An onsite inspection was conducted today, a certified contractor was onsite today with the refrigeration cut sheet. The unit is NSF approved.

This facility will also be installing another cooler unit, replacing the old milk display case and deli meat case. A cut sheet was observed today and is also NSF approved.

Please call this office when the new refrigeration unit is in service.

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: _____

Troy Hommerding-REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: T & T MARKET	BUSINESS PHONE: (559) 386-5195	RECORD ID#: PR0000609	DATE: August 19, 2009
FACILITY SITE ADDRESS: 803 SKYLINE	CITY: AVENAL	ZIP CODE: 93204	INSPECTION TYPE: 1ST FOLLOW UP INSPECTION
OWNER NAME: NIZZAR/LAZAR ISSA/GASSON HAWAIZO	CERTIFIED FOOD HANDLER: MIKE HINOHOSA	EXP DATE: 10/9/2009	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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The two holes in the floor of the beer/milk walk in remain and have not been repaired. Please seal these holes immediately.

The lid of the chest freezer in the meat department remains unrepaired. Please repair or replace immediately.

The ceiling in the meat department is badly deteriorated and must be repaired.

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

Description/Corrective Action: The condensate drip in the meat walk in has been repaired by the condensate drip in the produce walk in still remains. The unit must be repaired so that condensate no longer drips from the condensor.

General Comments:

All other violations in the previous inspection report have been corrected. Thank you. You must correct all remaining violations above within 30 days. You will be billed \$207 for the next inspection and for any additional inspection required to verify compliance.

The new operator reportedly plans to remodel the meat department. PRIOR TO BEGINNING ANY CONSTRUCTION OR BRINGING IN ANY NEW EQUIPMENT YOU MUST SUBMIT 3 SETS OF CONSTRUCTION PLANS TO OUR OFFICE FOR REVIEW AND APPROVAL BY OUR DEPARTMENT.

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): 9/19/2009 <input type="checkbox"/> Potential Food Safety All Star:

Received By: _____

Lee Johnson - REHS

Agency Representative

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