



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/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: N & M MARKET	BUSINESS PHONE: (559) 992-8076	RECORD ID#: PR0000371	DATE: October 19, 2016
FACILITY SITE ADDRESS: 2024 GARVEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JAMAL M AHMED	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Vikram Manke

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 ceiling of the store is in bad condition. Evidence of water leaks were seen throughout the ceiling. Within one year, the ceiling must be repaired or replaced. In addition, the roof must be repaired or replaced to provide protection from rain and/or water leaks.

General Comments:

This facility sells prepackaged food items and soda only. Hand wash station had soap, paper towels, and warm water supply. Soda nozzles were clean.

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:

Saad Alavami

Received By:

Vikram Manke

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: N & M MARKET	BUSINESS PHONE: (559) 992-8076	RECORD ID#: PR0000371	DATE: April 21, 2016
FACILITY SITE ADDRESS: 2024 GARVEY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JAMAL M AHMED	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Vikram Singh

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:

Soda nozzles were clean and free of buildup.
Operator has discarded many items in the back area and cleaned dust off the shelves.
All food items are being stored atleast six inches above the floor.

Please store the ice scoop in a container.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Saeed Alparmi

Received By:

Vikram Singh

Agency Representative

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FOOD SAFETY EVALUATION REPORT

Table with 4 columns: FACILITY NAME, BUSINESS PHONE, RECORD ID#, DATE, FACILITY SITE ADDRESS, CITY, ZIP CODE, INSPECTION TYPE, OWNER NAME, CERTIFIED FOOD HANDLER, EXP DATE, INSPECTOR.

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: Excessive dust was observed on the floor, shelving units, and under the equipment. Please thoroughly clean these areas/items.

General Comments:

The food items were being stored at least six inches above the floor. Please correct the above noted violation. Thank you.

RESULTS OF EVALUATION: [X] PASS [] NEEDS IMPROVEMENT [] FAIL. Reinspection Required: Yes [] No [X]. Reinspection Date (on or after): N/A. [] Potential Food Safety All Star.

Saeed alarani

Vikram Singh

Received By:

Agency Representative

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