



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

<b>FACILITY NAME:</b> A & M SALESYARD	<b>BUSINESS PHONE:</b> (559) 582-2149	<b>RECORD ID#:</b> PR0005276	<b>DATE:</b> August 26, 2016
<b>FACILITY SITE ADDRESS:</b> 12051 8TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RICHARD & NICK MARTELLA	<b>CERTIFIED FOOD MANAGER:</b> Gay Hooper	<b>EXP DATE:</b> 1/30/2018	<b>INSPECTOR:</b> Susan Lee-Yang - 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:

Hand wash station has hot water, soap and paper towels.

Wall mounted paper towel dispenser is now present.

Observed facility clean and well maintained.

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:

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



**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> A & M SALESYARD	<b>BUSINESS PHONE:</b> (559) 582-2149	<b>RECORD ID#:</b> PR0005276	<b>DATE:</b> August 10, 2015
<b>FACILITY SITE ADDRESS:</b> 12051 8TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RICHARD & NICK MARTELLA	<b>CERTIFIED FOOD HANDLER:</b> Gay Hooper	<b>EXP DATE:</b> 1/30/2018	<b>INSPECTOR:</b> Susan Lee-Yang - 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 wall mounted paper towel dispenser to hand wash station/3-compartment sink.

**General Comments:**

Hand wash station has hot water and soap.  
 Observed facility clean and well maintained.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>      N/A      </u> <input type="checkbox"/> Potential Food Safety All Star:

*CSH*

Received By: \_\_\_\_\_

*Susan Lee-Yang - REHS*

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> A & M SALESYARD	<b>BUSINESS PHONE:</b> (559) 582-2149	<b>RECORD ID#:</b> PR0005276	<b>DATE:</b> October 22, 2014
<b>FACILITY SITE ADDRESS:</b> 12051 8TH AVE	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> RICHARD & NICK MARTELLA	<b>CERTIFIED FOOD HANDLER:</b> Gay Hooper	<b>EXP DATE:</b> 1/30/2018	<b>INSPECTOR:</b> Government Intern

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 COLD HOLDING TEMPERATURE(S) [HSC 113996]

**Description/Corrective Action:** Observed refrigerator unit at 44° F, lowered cold settings inside. Please remember to refrigerator temperatures at 41° F or below.

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

**Description/Corrective Action:** Observed three compartment sink to be clogged. Please repair, and sanitize sink once fixed, call office once repaired.

**General Comments:**

Facility is limited in foods that are sold, overall organized and clean.

Thank you.

This facility was inspected by government intern Abel Simon.

**RESULTS OF EVALUATION:**  PASS  NEEDS IMPROVEMENT  FAIL

**Reinspection Required:** Yes:  No:

**Reinspection Date (on or after):** N/A

Potential Food Safety All Star:

Received By:

Government Intern

Agency Representative

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