



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 MARKET	<b>BUSINESS PHONE:</b> (559) 947-3644	<b>RECORD ID#:</b> PR0000377	<b>DATE:</b> January 30, 2017
<b>FACILITY SITE ADDRESS:</b> 20510 MAIN ST	<b>CITY:</b> STRATFORD	<b>ZIP CODE:</b> 93266	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MAHMUD A ALRAHIMI	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Luis Flores - 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 walk-in box refrigeration fan located closet to the entry door was missing it's cover screen and therefore exposing the fan. The facility operator provided documentation that the unit has been under repair since Jan. 23 by a refrigeration company out of Tulare do to prior failure but has not completed repair. The repair company will replace the missing cover as soon as repair is completed.

**General Comments:**

The facility was observed to be in overall satisfactory operation.

All freezer and refrigeration temperatures monitored were satisfactory.

<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> N/A <input type="checkbox"/> Potential Food Safety All Star:
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*Luis Flores - REHS*

Agency Representative

Received By:

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



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<b>FACILITY NAME:</b> A & M MARKET	<b>BUSINESS PHONE:</b> (559) 947-3644	<b>RECORD ID#:</b> PR0000377	<b>DATE:</b> February 25, 2016
<b>FACILITY SITE ADDRESS:</b> 20510 MAIN ST	<b>CITY:</b> STRATFORD	<b>ZIP CODE:</b> 93266	<b>INSPECTION TYPE:</b> INITIAL COMPLAINT INSPECTION
<b>OWNER NAME:</b> MAHMUD A ALRAHIMI	<b>CERTIFIED FOOD HANDLER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Luis Flores - 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:**

A compliant (#CO0008446) was received by this Department alleging a BBQ vending operation identified as Proby's was participating in food sales in conjunction with this retail food market. According to the facility manager, Mr. Mohammed, a BBQ vendor was allowed by the facility owner to set up their operation on this property. However, the last time this setup was allowed was no less than five months ago and not since that time.

Be advised that BBQ and any other food vending operations where food preparation occurs must first be approved by this Department. Do not allow any further food preparation to occur at this site without first obtaining written approval for such operation from this Department,

<b>RESULTS OF EVALUATION:</b> <input 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>          </u> N/A <input type="checkbox"/> Potential Food Safety All Star:

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

\_\_\_\_\_  
*Luis Flores - REHS*

Agency Representative

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