



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> ST. BRIGID CATHOLIC CHURCH YOUTH CENTER	<b>BUSINESS PHONE:</b> (559) 816-3371	<b>RECORD ID#:</b> PR0009358	<b>DATE:</b> November 08, 2021
<b>FACILITY SITE ADDRESS:</b> 319 N HARRIS ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> JOSEPH PRUD'HOMME	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Liliana Stransky - 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:** No hot water was available at any of the sink faucets. The pilot for the water heater was off, and the gas line was turned off. Please correct this violation as soon as possible by running hot water to all the kitchen and restroom taps and keeping it on during the times that the facility is in use.

Remove the faucet that's positioned by the right drainboard of the 2 compartment sink in the kitchen.

**General Comments:**

Routine inspection -

Observed refrigeration units holding temperatures between 26 and 35F.

Jorgenson's was on site to inspect the ventilation system.

A correct faucet for the 2 compartment sink has been installed to prevent backsiphonage, but the faucet with the extended hose must be removed as stated above.

Overall the facility was observed well maintained.

Please correct the noted deficiencies in a timely manner.

**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:

Liliana Stransky - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> ST BRIGID CATHOLIC CHURCH/MC HUGH HALL KITCHEN	<b>BUSINESS PHONE:</b> (559) 584-5218	<b>RECORD ID#:</b> PR0000108	<b>DATE:</b> November 04, 2021
<b>FACILITY SITE ADDRESS:</b> 1000 N HARRIS ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ST BRIGID CATHOLIC CHURCH/MC HUGH HALL KITCHEN	<b>CERTIFIED FOOD MANAGER:</b> JESS RAMOS	<b>EXP DATE:</b> 7/11/2022	<b>INSPECTOR:</b> Liliana Stransky - 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:

The kitchen for Mc Hugh Hall was inspected today with the following observations:

- \* All refrigeration units were observed at or below 41F.
- \* The dry storage area was observed well maintained.
- \* Hand washing stations had soap, paper towels and hot water available.
- \* Sanitizer was available for proper disinfection of work surfaces.

Overall the kitchen was observed properly maintained and organized.

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:

Liliana Stransky - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> ST. BRIGID CATHOLIC CHURCH YOUTH CENTER	<b>BUSINESS PHONE:</b> (559) 816-3371	<b>RECORD ID#:</b> PR0009358	<b>DATE:</b> March 19, 2021
<b>FACILITY SITE ADDRESS:</b> 319 N HARRIS ST	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> MEETING/CONSULTATION/PHONE
<b>OWNER NAME:</b> JOSEPH PRUD'HOMME	<b>CERTIFIED FOOD MANAGER:</b> Not Specified	<b>EXP DATE:</b>	<b>INSPECTOR:</b> Yatee Patel - 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:

Our department contacted the facility operator ( Joseph P. ) and he stated that the church is not using the kitchen and is closed due to the pandemic.

Please contact our department when the kitchen is in use again.

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:

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