



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> PRUD'HOMME FAMILY CATERING	<b>BUSINESS PHONE:</b> (559) 589-1737 Ext. home phone	<b>RECORD ID#:</b> PR0008632	<b>DATE:</b> October 21, 2016
<b>FACILITY SITE ADDRESS:</b> 1079 W NORTHSTAR DR	<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> JOSEPH V. PRUD'HOMME	<b>EXP DATE:</b> 3/26/2016	<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: NO CURRENT CERTIFIED FOOD SAFETY PERSON ON STAFF [HSC 113947-113947.6]

Description/Corrective Action: Current certified food manager is expired. Please register and take a certified food manager course/exam and forward copy of certificate to our office once obtained.

General Comments:

Caterer utilizes St. Brigid Catholic Church/Mc Hugh Hall's kitchen as the commissary.

Observed facility maintained.

Cold holding units were noted below 41F.

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:

Susan Lee-Yang - REHS

Received By:

Agency Representative

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



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<b>FACILITY NAME:</b> PRUD'HOMME FAMILY CATERING	<b>BUSINESS PHONE:</b> (559) 589-1737Ext. home phone	<b>RECORD ID#:</b> PR0008632	<b>DATE:</b> December 23, 2015
<b>FACILITY SITE ADDRESS:</b> 1079 W NORTHSTAR DR	<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 HANDLER:</b> JOSEPH V. PRUD'HOMME	<b>EXP DATE:</b> 3/26/2016	<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:

Operator uses St. Rose McCarthy's kitchen.

All cold holding units were noted below 41F.

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

Facility is clean and maintained.

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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<b>FACILITY NAME:</b> PRUD'HOMME FAMILY CATERING	<b>BUSINESS PHONE:</b> (559) 589-1737Ext. home phone	<b>RECORD ID#:</b> PR0008632	<b>DATE:</b> June 18, 2013
<b>FACILITY SITE ADDRESS:</b> 1079 W NORTHSTAR DR	<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 HANDLER:</b> JOSEPH V. PRUD'HOMME	<b>EXP DATE:</b> 3/26/2016	<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:

Caterer uses St. Rose McCarthy's kitchen for commissary. Please update commissary form with our Department.

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

All cold holding units were noted below 41° F.

Observed all food products stored off the ground.

Observed food operators practicing good food safety procedures.

Thank you!

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

Susan Lee-Yang - REHS

Agency Representative

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