

**TRINITY COUNTY
DIVISION OF ENVIRONMENTAL HEALTH
FOOD PROGRAM OFFICIAL INSPECTION REPORT**

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|--|-------------------------------------|
| DBA/NAME <i>Del Loma Resort RV Park</i> | DATE <i>5/17/2024</i> |
| ADDRESS | RECHECK DATE |
| OWNER/OPERATOR | SITE # |
| MAILING ADDRESS | CORRECT MAJOR VIOLATIONS BY: |
| FOOD CERT <i>NH</i> | EXP <i>1A</i> |
| | CORRECT MINOR VIOLATIONS BY: |

In = In Compliance N/O = Not Observed N/A = Not Applicable OUT = Out of Compliance COS = Corrected On-Site MAJ = Major Violation

| IN | N/O | N/A | DEMONSTRATION OF KNOWLEDGE | COS | MAJ | OUT | IN | N/O | N/A | PROTECTION FROM CONTAMINATION | COS | MAJ | OUT |
|---|-----|-----|--|-----|-----|-----|--|-----|-----|---|-----|-----|-----|
| | | X | 1. Demonstration of knowledge; food safety certification 9/18/2014 | | | | | | X | 12. Proper procedures followed for returned and re-service of food | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | | FOOD FROM APPROVED SOURCES | | | | | | |
| | | X | 2. Communicable disease; reporting, restrictions & exclusions | | | | X | | X | 14. Food obtained from approved source | | | |
| X | | | 3. No discharge from eyes, nose, and mouth | | | | | | X | 15. Shelf stock with completed tags, in good condition, properly stored/displayed | | | |
| | X | | 4. Proper eating, tasting, drinking or tobacco use | | | | | | X | 16. Compliance with Gulf Oyster Regulations | | | |
| | | X | 5. Hands clean and properly washed; gloves used properly | | | | | | | SPECIAL PROCEDURES | | | |
| | | X | 6. Adequate handwashing facilities supplied & accessible | | | | | | X | 17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | | | | | X | 18. Consumer advisory provided for raw or undercooked foods | | | |
| X | | | 7. Proper hot and cold holding temperatures | | | | | | X | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| | | X | 8. Time as a public health control: Proper procedures & records | | | | | | X | WATER & WASTE WATER | | | |
| | | X | 9. Proper cooling methods | | | | | | X | 21. Hot and cold water available Temp | | | |
| | | X | 10. Proper cooking time & temperatures | | | | | | | LIQUID WASTE DISPOSAL | | | |
| | | X | 11. Proper reheating procedures for hot holding | | | | | | X | 22. Sewage and wastewater properly disposed | | | |
| 33.7, 20.2, -13, 361, 33.4 | | | | | | | | | | VERMIN | | | |
| | | | | | | OUT | X | | | 23. No rodents, insects, birds, or animals | | | OUT |
| SUPERVISION /PERSONAL CLEANLINESS | | | | | | | PHYSICAL FACILITIES | | | | | | |
| | | | 25. Person in charge present and performs duties | | | | | | | 39. Adequate ventilation and lighting; designated areas, use | | | |
| | | | 26. Personal cleanliness and hair restraints | | | | | | | 40. Thermometers provided and accurate | | | |
| GENERAL FOOD SAFETY REQUIREMENTS | | | | | | | PERMANENT FOOD FACILITIES | | | | | | |
| | | | 27. Approved thawing methods used; frozen food maintained frozen. | | | | | | | 41. Wiping cloths: properly used and stored | | | |
| | | | 28. Food separated and protected | | | | | | | 42. Plumbing: Plumbing in good repair, proper backflow devices | | | |
| | | | 29. Fruits and vegetables washed as required. | | | | | | | 43. Garbage and refuse properly disposed; facilities maintained | | | |
| | | | 30. Toxic substances properly identified, stored, used | | | | | | | 44. Toilet facilities: properly constructed, supplied, cleaned | | | |
| FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | | | | |
| | | | 31. Food properly stored; food storage containers identified | | | | | | | 45. Premises; personal/cleaning items; vermin-proofing | | | |
| | | | 32. Consumer self-service facilities properly constructed and maintained | | | | | | | 46. Floor, walls and ceilings: properly built, maintained in good repair, and clean | | | |
| | | | 33. Food properly labeled & honestly presented | | | | | | | 47. No unapproved private homes/ living or sleeping quarters | | | |
| EQUIPMENT/ UTENSILS/ LINENS | | | | | | | REINSPECTION | | | | | | |
| | | | 34. Nonfood contact surfaces clean and in good repair. | | | | | | | 48. Signs posted; last inspection report available | | | |
| | | | 35. Warewashing facilities: Adequate, maintained, properly used, test strips available | | | | | | | 49. Plan review required for new or remodel construction | | | |
| | | | 36. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity | | | | | | | 50. Permits Available | | | |
| | | | 37. Equipment, utensils and linens: Properly stored and used | | | | | | | 51. Impoundment of unsanitary equipment or food | | | |
| | | | 38. Vending machines | | | | | | | 52. Permit Suspension | | | |
| | | | | | | | | | | 53. Other | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS: *Make sure to contact us before you purchase any new equipment.*

Reinspection fees will be charged for all subsequent reinspections unless an acceptable corrective time schedule has been submitted and approved by this Department. If, for any reasons beyond your control, you cannot correct the indicted violations by the next scheduled time, call this office prior to the inspection day.
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**TRINITY COUNTY
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R.E.H.S. *[Signature]*
RECEIVED BY: *[Signature]*
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