

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

|                                    |                                     |
|------------------------------------|-------------------------------------|
| <b>DBA/NAME</b> <i>Sushi Saver</i> | <b>DATE</b> <i>5/17/2014</i>        |
| <b>ADDRESS</b>                     | <b>RECHECK DATE</b>                 |
| <b>OWNER/OPERATOR</b>              | <b>SITE #</b>                       |
| <b>MAILING ADDRESS</b>             | <b>CORRECT MAJOR VIOLATIONS BY:</b> |
| <b>FOOD CERT</b> <i>Saw No. 10</i> | <b>EXP</b> <i>1/30/2016</i>         |
|                                    | <b>CORRECT MINOR VIOLATIONS BY:</b> |

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                          |     |     |            |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b> |     |     |  |     |     |            | <b>FOOD FROM APPROVED SOURCES</b>                  |     |     |   |     |     |            |
|   |     |     | 2. Communicable disease; reporting, restrictions & exclusions                          |     |     |            | X  |     |     | 13. Food contact surfaces: clean and sanitized  |     |     |            |
| X   |     |     | 3. No discharge from eyes, nose, and mouth   |     |     |            | X  |     |     | 14. Food obtained from approved source  |     |     |            |
|   | X   |     | 4. Proper eating, tasting, drinking or tobacco use                                     |     |     |            |  |     | X   | 15. Shelf stock with completed tags, in good condition, properly stored/displayed           |     |     |            |
| X   |     |     | 5. Hands clean and properly washed; gloves used properly                               |     |     |            | X  |     | X   | 16. Compliance with Gulf Oyster Regulations   |     |     |            |
| X   |     |     | 6. Adequate handwashing facilities supplied & accessible                               |     |     |            |  |     |     | <b>SPECIAL PROCEDURES</b>   |     |     |            |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>       |     |     |  |     |     |            |  |     | X   | 17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |     |     |            |
| X   |     |     | 7. Proper hot and cold holding temperatures  |     |     |            |  |     | X   | 18. Consumer advisory provided for raw or undercooked foods                                 |     |     |            |
| X   |     |     | 8. Time as a public health control: Proper procedures & records                        |     |     |            |  |     | X   | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |     |     |            |
|   | X   |     | 9. Proper cooling methods  |     |     |            |  |     |     | <b>WATER &amp; WASTE WATER</b>  |     |     |            |
|   |     | X   | 10. Proper cooking time & temperatures   |     |     |            | X  |     |     | 21. Hot and cold water available Temp   |     |     |            |
|   |     | X   | 11. Proper reheating procedures for hot holding  |     |     |            |  |     |     | <b>LIQUID WASTE DISPOSAL</b>  |     |     |            |
|   |     |     | <i>32.4, 34.3, 34.3, 40.7, 38.7, 29.1, 35.9, 40.1</i>                                  |     |     |            | X  |     |     | 22. Sewage and wastewater properly disposed   |     |     |            |
|   |     |     | <i>CCO</i>   |     |     |            |  |     |     | <b>VERMIN</b>   |     |     |            |
|   |     |     |  |     |     |            | X  |     |     | 23. No rodents, insects, birds, or animals  |     |     |            |
|   |     |     |  |     |     | <b>OUT</b> |  |     |     |   |     |     | <b>OUT</b> |
| <b>SUPERVISION /PERSONAL CLEANLINESS</b>        |     |     |  |     |     |            | <b>PHYSICAL FACILITIES</b>                         |     |     |   |     |     |            |
|   |     |     | 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  |     |     |            |
| <b>GENERAL FOOD SAFETY REQUIREMENTS</b>         |     |     |  |     |     |            | <b>PERMANENT FOOD FACILITIES</b>                   |     |     |   |     |     |            |
|   |     |     | 27. Approved thawing methods used; frozen food maintained frozen.                      |     |     |            |  |     |     | 42. Plumbing: Plumbing in good repair, proper backflow devices                              |     |     |            |
|   |     |     | 28. Food separated and protected   |     |     |            |  |     |     | 43. Garbage and refuse properly disposed; facilities maintained                             |     |     |            |
|   |     |     | 29. Fruits and vegetables washed as required.  |     |     |            |  |     |     | 44. Toilet facilities: properly constructed, supplied, cleaned                              |     |     |            |
|   |     |     | 30. Toxic substances properly identified, stored, used                                 |     |     |            |  |     |     | 45. Premises; personal/cleaning items; vermin-proofing                                      |     |     |            |
| <b>FOOD STORAGE/ DISPLAY/ SERVICE</b>           |     |     |  |     |     |            | <b>SIGNS, MISC. REQUIREMENTS &amp; ENFORCEMENT</b> |     |     |   |     |     |            |
|   |     |     | 31. Food properly stored; food storage containers identified                           |     |     |            |  |     |     | 48. Signs posted; last inspection report available  |     |     |            |
|   |     |     | 32. Consumer self-service facilities properly constructed and maintained               |     |     |            |  |     |     | 49. Plan review required for new or remodel construction                                    |     |     |            |
|   |     |     | 33. Food properly labeled & honestly presented   |     |     |            |  |     |     | 50. Permits Available   |     |     |            |
| <b>EQUIPMENT/ UTENSILS/ LINENS</b>              |     |     |  |     |     |            |  |     |     | 51. Impoundment of unsanitary equipment or food   |     |     |            |
|   |     |     | 34. Nonfood contact surfaces clean and in good repair.                                 |     |     |            |  |     |     | 52. Permit Suspension   |     |     |            |
|   |     |     | 35. Warewashing facilities: Adequate, maintained, properly used, test strips available |     |     |            |  |     |     | 53. Other   |     |     |            |
|   |     |     | 36. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity     |     |     |            |  |     |     |   |     |     |            |
|   |     |     | 37. Equipment, utensils and linens: Properly stored and used                           |     |     |            |  |     |     |   |     |     |            |
|   |     |     | 38. Vending machines   |     |     |            |  |     |     |   |     |     |            |

**OBSERVATIONS AND CORRECTIVE ACTIONS:** *Great work on temps and glove use. Keep it up*

Reinspection fees will be charged for all subsequent reinspection 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  
ENVIRONMENTAL HEALTH  
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(530) 623-1459**

**R.E.H.S.** *[Signature]*

**RECEIVED BY:** *[Signature]*