

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

DBA/NAME <i>Coffee (Leg K elem Sch)</i>		DATE <i>4-09-2024</i>
ADDRESS		RECHECK DATE
OWNER/OPERATOR		SITE #
MAILING ADDRESS		CORRECT MAJOR VIOLATIONS BY:
FOOD CERT <i>Brian Burns</i>	EXP <i>1/13/2026</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
<input checked="" type="checkbox"/>			1. Demonstration of knowledge; food safety certification 9/18/2014					<input checked="" type="checkbox"/>		12. Proper procedures followed for returned and re-service of food			
EMPLOYEE HEALTH & HYGIENIC PRACTICES							FOOD FROM APPROVED SOURCES						
		<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions				<input checked="" type="checkbox"/>			14. Food obtained from approved source			
<input checked="" type="checkbox"/>			3. No discharge from eyes, nose, and mouth				<input checked="" type="checkbox"/>			15. Shelf stock with completed tags, in good condition, properly stored/displayed			
	<input checked="" type="checkbox"/>		4. Proper eating, tasting, drinking or tobacco use				<input checked="" type="checkbox"/>			16. Compliance with Gulf Oyster Regulations			
<input checked="" type="checkbox"/>			5. Hands clean and properly washed; gloves used properly					<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>			6. Adequate handwashing facilities supplied & accessible				SPECIAL PROCEDURES						
TIME AND TEMPERATURE RELATIONSHIPS									<input checked="" type="checkbox"/>	17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<input checked="" type="checkbox"/>			7. Proper hot and cold holding temperatures					<input checked="" type="checkbox"/>		18. Consumer advisory provided for raw or undercooked foods			
	<input checked="" type="checkbox"/>		8. Time as a public health control: Proper procedures & records				<input checked="" type="checkbox"/>			20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
	<input checked="" type="checkbox"/>		9. Proper cooling methods				WATER & WASTE WATER						
<input checked="" type="checkbox"/>			10. Proper cooking time & temperatures				<input checked="" type="checkbox"/>			21. Hot and cold water available Temp			
		<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding				LIQUID WASTE DISPOSAL						
<i>20.9, 39.1, 200.0</i>							<input checked="" type="checkbox"/>			22. Sewage and wastewater properly disposed			
<i>Heat D.W.</i>							VERMIN						
						<input checked="" type="checkbox"/>				23. No rodents, insects, birds, or animals			
OUT							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							OTHER						
			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: *Good work on temps and cleanliness. Thank you for your hard work! 😊*

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.

**TRINITY COUNTY
ENVIRONMENTAL HEALTH**
61 AIRPORT RD
P.O. BOX 476
WEAVERVILLE, CA 96093
(530) 623-1459

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

RECEIVED BY: *[Signature]*