

TRINITY COUNTY
DIVISION OF ENVIRONMENTAL HEALTH
FOOD PROGRAM OFFICIAL INSPECTION REPORT

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| DBA/NAME <u>Corner Mart</u> | DATE <u>07/26/2023</u> |
| ADDRESS | RECHECK DATE |
| OWNER/OPERATOR | SITE # |
| MAILING ADDRESS | CORRECT MAJOR VIOLATIONS BY: |
| FOOD CERT <u>Anjnette Pike</u> EXP <u>April 24, 2024</u> | 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 |
|--|-----|-----|--|-----|-----|-----|--|-----|-----|---|-----|-----|-----|
| ✓ | | | 1. Demonstration of knowledge; food safety certification 9/18/2014 | | | | ✓ | ✓ | | 12. Proper procedures followed for returned and re-service of food | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | | FOOD FROM APPROVED SOURCES | | | | | | |
| ✓ | | ✓ | 2. Communicable disease; reporting, restrictions & exclusions | | | | ✓ | | | 13. Food contact surfaces: clean and sanitized | | | |
| ✓ | | | 3. No discharge from eyes, nose, and mouth | | | | ✓ | | | 14. Food obtained from approved source | | | |
| ✓ | | | 4. Proper eating, tasting, drinking or tobacco use | | | | ✓ | | | 15. Shelf stocked with completed tags, in good condition, properly stored/displayed | | | |
| ✓ | | | 5. Hands clean and properly washed; gloves used properly | | | | | | ✓ | 16. Compliance with Gulf Oyster Regulations | | | |
| ✓ | | | 6. Adequate handwashing facilities supplied & accessible | | | | SPECIAL PROCEDURES | | | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | | | | | | ✓ | | | |
| ✓ | | | 7. Proper hot and cold holding temperatures | | | | | | | 17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| ✓ | | | 8. Time as a public health control: Proper procedures & records | | | | | | | 18. Consumer advisory provided for raw or undercooked foods | | | |
| ✓ | | | 9. Proper cooling methods | | | | | | | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| ✓ | | | 10. Proper cooking time & temperatures | | | | ✓ | | | WATER & WASTE WATER | | | |
| ✓ | | | 11. Proper reheating procedures for hot holding | | | | | | | 21. Hot and cold water available Temp | | | |
| 14.1 39.4, 38.1, 29.8, 40.3, 05.D, 12.3, 39.2, 20.8, = 49, 37.5, 38.9, 40.7, 44.7 → UPPER cold hold, right side | | | | | | | ✓ | | | LIQUID WASTE DISPOSAL | | | |
| | | | | | | | ✓ | | | 22. Sewage and wastewater properly disposed | | | |
| | | | | | | | ✓ | | | VERMIN | | | |
| | | | | | | | | | | 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. | | | | | | | 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 | | | |
| FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | | | | |
| | | | 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 | | | |
| EQUIPMENT/ UTENSILS/ LINENS | | | | | | | | | | 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: Just uses Green Egg, Griddle on stove, toast the bread. Keep an eye on upper part of the counter's cold storage, try to keep it closed to stay at good temp. Deep clean the cold hold below BBQ in outdoor area.

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| 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. <input type="checkbox"/> | TRINITY COUNTY ENVIRONMENTAL HEALTH 61 AIRPORT RD P.O. BOX 476 WEAVERVILLE, CA 96093 (530) 623-1459 | R.E.H.S. <u>[Signature]</u> RECEIVED BY: <u>[Signature]</u> Page 1 of |
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