

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

DBA/NAME <i>Hayfork High School</i>	DATE <i>1-23-2024</i>
ADDRESS	RECHECK DATE
OWNER/OPERATOR	SITE #
MAILING ADDRESS	CORRECT MAJOR VIOLATIONS BY:
FOOD CERT <i>Same as Elan</i>	EXP <i>Same as Elan</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			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>							<b>FOOD FROM APPROVED SOURCES</b>						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2. Communicable disease; reporting, restrictions & exclusions				<input checked="" type="checkbox"/>			13. Food contact surfaces: clean and sanitized			
<input checked="" type="checkbox"/>			3. No discharge from eyes, nose, and mouth				<input checked="" type="checkbox"/>			14. Food obtained from approved source			
<input checked="" type="checkbox"/>			4. Proper eating, tasting, drinking or tobacco use				<input checked="" type="checkbox"/>			15. Shelf stock with completed tags, in good condition, properly stored/displayed			
<input checked="" type="checkbox"/>			5. Hands clean and properly washed; gloves used properly						<input checked="" type="checkbox"/>	16. Compliance with Gulf Oyster Regulations			
<input checked="" type="checkbox"/>			6. Adequate handwashing facilities supplied & accessible				<b>SPECIAL PROCEDURES</b>						
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>									<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				<b>WATER &amp; WASTE WATER</b>						
<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				<b>LIQUID WASTE DISPOSAL</b>						
			<i>143.4, 137.9, 147.9, 138.7, 132.9, 40.4</i>				<input checked="" type="checkbox"/>			22. Sewage and wastewater properly disposed			
			<i>Pa. 137.1, 134.0, Heat P. 2</i>				<b>VERMIN</b>						
							<input checked="" type="checkbox"/>			23. No rodents, insects, birds, or animals			
<b>SUPERVISION /PERSONAL CLEANLINESS</b>							<b>OUT</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>PHYSICAL 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>PERMANENT FOOD FACILITIES</b>						
31. Food properly stored; food storage containers identified							46. Floor, walls and ceilings: properly built, maintained in good repair, and clean						
32. Consumer self-service facilities properly constructed and maintained							47. No unapproved private homes/ living or sleeping quarters						
33. Food properly labeled & honestly presented							<b>SIGNS, MISC. REQUIREMENTS &amp; ENFORCEMENT</b>						
<b>EQUIPMENT/ UTENSILS/ LINENS</b>							48. Signs posted; last inspection report available						
34. Nonfood contact surfaces clean and in good repair.							49. Plan review required for new or remodel construction						
35. Warewashing facilities: Adequate, maintained, properly used, test strips available							50. Permits Available						
36. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity							51. Impoundment of unsanitary equipment or food						
37. Equipment, utensils and linens: Properly stored and used							52. Permit Suspension						
38. Vending machines							53. Other						

**OBSERVATIONS AND CORRECTIVE ACTIONS:** *Went to work on temps, cleanliness, and sanitization. Keep up the good work. PFR is in progress. O-waste: some goes to pits/compost already, where of interest, under 2 yards a week. Reach out to us when you get the PFR going. I'll continue checking in. I'll check about the FSMC*

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.

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

R.E.H.S. *A*

RECEIVED BY: *[Signature]*

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