

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

DBA/NAME <i>Hwy 401K Hotel</i>	DATE <i>10/15/2025</i>
ADDRESS	RECHECK DATE
OWNER/OPERATOR	SITE #
MAILING ADDRESS	CORRECT MAJOR VIOLATIONS BY:
FOOD CERT <i>Due by Dec 15th 2025</i> <small>EXP</small>	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				<input checked="" type="checkbox"/>		<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"/>	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"/>			6. Adequate handwashing facilities supplied & accessible										
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>							<b>SPECIAL PROCEDURES</b>						
<input checked="" type="checkbox"/>			7. Proper hot and cold holding temperatures						<input checked="" type="checkbox"/>	17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
		<input checked="" type="checkbox"/>	8. Time as a public health control: Proper procedures & records						<input checked="" type="checkbox"/>	18. Consumer advisory provided for raw or undercooked foods			
		<input checked="" type="checkbox"/>	9. Proper cooling methods						<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
		<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures										
		<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding										
<i>38.9, 39.3</i>							<b>WATER &amp; WASTE WATER</b>						
							<input checked="" type="checkbox"/>			21. Hot and cold water available Temp			
							<b>LIQUID WASTE DISPOSAL</b>						
							<input checked="" type="checkbox"/>			22. Sewage and wastewater properly disposed			
							<b>VERMIN</b>						
							<input checked="" type="checkbox"/>			23. No rodents, insects, birds, or animals			
						<b>OUT</b>							<b>OUT</b>
<b>SUPERVISION /PERSONAL CLEANLINESS</b>							<b>39.. Adequate ventilation and lighting; designated areas, use</b>						
			25. Person in charge present and performs duties							40. Thermometers provided and accurate			
			26. Personal cleanliness and hair restraints							41. Wiping cloths: properly used and stored			
<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>EQUIPMENT/ UTENSILS/ LINENS</b>							<b>SIGNS, MISC. REQUIREMENTS &amp; ENFORCEMENT</b>						
			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:** *Reach out to us when you're ready to reopen the kitchen! Make sure to complete your Food Manager's Certification by December 15th, and email a copy to us.*

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