

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

DBA/NAME <i>Lewis & Clark Moose Lodge</i>	DATE <i>11/14/2023</i>
ADDRESS	RECHECK DATE
OWNER/OPERATOR	SITE #
MAILING ADDRESS	CORRECT MAJOR VIOLATIONS BY:
FOOD CERT <i>Kathleen Davey</i> EXP <i>1-13-2027</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"/>	<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							SPECIAL PROCEDURES				
<input checked="" type="checkbox"/>			6. Adequate handwashing facilities supplied & accessible							17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
TIME AND TEMPERATURE RELATIONSHIPS										18. Consumer advisory provided for raw or undercooked foods				
<input checked="" type="checkbox"/>			7. Proper hot and cold holding temperatures							20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
<input checked="" type="checkbox"/>			8. Time as a public health control: Proper procedures & records							WATER & WASTE WATER				
<input checked="" type="checkbox"/>			9. Proper cooling methods							21. Hot and cold water available Temp				
<input checked="" type="checkbox"/>			11 10. Proper cooking time & temperatures				<input checked="" type="checkbox"/>			LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/>			11. Proper reheating procedures for hot holding				<input checked="" type="checkbox"/>			22. Sewage and wastewater properly disposed				
<i>37.3, 35.4, 35.3, 3.6, 2.4, 4.0A</i>										VERMIN				
<i>Bleach D.W.</i>							<input checked="" type="checkbox"/>				23. No rodents, insects, birds, or animals			
														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							41. Wiping cloths: properly used and stored							
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							PERMANENT FOOD FACILITIES							
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							SIGNS, MISC. REQUIREMENTS & ENFORCEMENT							
EQUIPMENT/ UTENSILS/ LINENS							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: *Great work on labeling! Amazing organization, no errors found. Keep up the awesome job!!*

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]*