

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

DBA/NAME <i>New York Saloon</i>	DATE <i>12/7/2023</i>
ADDRESS	RECHECK DATE
OWNER/OPERATOR	SITE #
MAILING ADDRESS	CORRECT MAJOR VIOLATIONS BY:
FOOD CERT <i>Dalene Demoljen</i> EXP <i>2/7/2024</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"/>		<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				<input checked="" type="checkbox"/>			17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
TIME AND TEMPERATURE RELATIONSHIPS							<input checked="" type="checkbox"/>			18. Consumer advisory provided for raw or undercooked foods			
<input checked="" type="checkbox"/>			7. Proper hot and cold holding temperatures				<input checked="" type="checkbox"/>			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				<input checked="" type="checkbox"/>			21. Hot and cold water available Temp			
<input checked="" type="checkbox"/>			10. Proper cooking time & temperatures				LIQUID WASTE DISPOSAL						
<input checked="" type="checkbox"/>			11. Proper reheating procedures for hot holding				<input checked="" type="checkbox"/>			22. Sewage and wastewater properly disposed			
SUPERVISION /PERSONAL CLEANLINESS							VERMIN						
			25. Person in charge present and performs duties			OUT	<input checked="" type="checkbox"/>			23. No rodents, insects, birds, or animals			OUT
			26. Personal cleanliness and hair restraints				PHYSICAL FACILITIES						
GENERAL FOOD SAFETY REQUIREMENTS							PERMANENT FOOD FACILITIES						
			27. Approved thawing methods used; frozen food maintained frozen.				<input checked="" type="checkbox"/>			39. Adequate ventilation and lighting; designated areas, use			
			28. Food separated and protected				<input checked="" type="checkbox"/>			40. Thermometers provided and accurate			X
			29. Fruits and vegetables washed as required.				<input checked="" type="checkbox"/>			41. Wiping cloths: properly used and stored			
			30. Toxic substances properly identified, stored, used				SIGNS, MISC. REQUIREMENTS & ENFORCEMENT						
FOOD STORAGE/ DISPLAY/ SERVICE							PHYSICAL FACILITIES						
			31. Food properly stored; food storage containers identified				<input checked="" type="checkbox"/>			42. Plumbing: Plumbing in good repair, proper backflow devices			
			32. Consumer self-service facilities properly constructed and maintained				<input checked="" type="checkbox"/>			43. Garbage and refuse properly disposed; facilities maintained			
			33. Food properly labeled & honestly presented				<input checked="" type="checkbox"/>			44. Toilet facilities: properly constructed, supplied, cleaned			
EQUIPMENT/ UTENSILS/ LINENS							PERMANENT FOOD FACILITIES						
			34. Nonfood contact surfaces clean and in good repair.				<input checked="" type="checkbox"/>			45. Premises; personal/cleaning items; vermin-proofing			
			35. Warewashing facilities: Adequate, maintained, properly used, <u>test strips available</u>			V	<input checked="" type="checkbox"/>			46. Floor, walls and ceilings: properly built, maintained in good repair, and clean			
			36. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity				<input checked="" type="checkbox"/>			47. No unapproved private homes/ living or sleeping quarters			
			37. Equipment, utensils and linens: Properly stored and used				<input checked="" type="checkbox"/>			48. Signs posted; last inspection report available			
			38. Vending machines				<input checked="" type="checkbox"/>			49. Plan review required for new or remodel construction			
							<input checked="" type="checkbox"/>			50. Permits Available			
							<input checked="" type="checkbox"/>			51. Impoundment of unsanitary equipment or food			
							<input checked="" type="checkbox"/>			52. Permit Suspension			
							<input checked="" type="checkbox"/>			53. Other			

37.5, 38.9, 40.4

Bleach San.

OBSERVATIONS AND CORRECTIVE ACTIONS: *Great work making the corrections from the last inspection. Make sure to get a thermometer in every cold hold. ~~use~~ Temp strips on the way. Good job!*

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.
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**TRINITY COUNTY
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(530) 623-1459**

R.E.H.S. *[Signature]*
RECEIVED BY: *[Signature]*