

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

DBA/NAME <i>Rustic Cymbale</i>	DATE <i>8-29-2024</i>
ADDRESS	RECHECK DATE
OWNER/OPERATOR	SITE #
MAILING ADDRESS	CORRECT MAJOR VIOLATIONS BY:
FOOD CERT <i>Bill Conner</i> EXP <i>2/15/2027</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"/>		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					<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					<input checked="" type="checkbox"/>		WATER & WASTE WATER				
		<input checked="" type="checkbox"/>	9. Proper cooling methods							21. Hot and cold water available Temp				
<input checked="" type="checkbox"/>			10. Proper cooking time & temperatures				<input checked="" type="checkbox"/>			LIQUID WASTE DISPOSAL				
		<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding							22. Sewage and wastewater properly disposed				
375 365 16.3 0.7 40.5 35.6 34.1							<input checked="" type="checkbox"/>			VERMIN				
25.4 1.8 1.3 0.3 27.8											23. No rodents, insects, birds, or animals			
Chlorine + Quat							<input checked="" type="checkbox"/>							
SUPERVISION /PERSONAL CLEANLINESS											39. Adequate ventilation and lighting; designated areas, use			
			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			<input checked="" type="checkbox"/>	
GENERAL FOOD SAFETY REQUIREMENTS							PHYSICAL 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							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)			<input checked="" type="checkbox"/>				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: *Make sure to get test strips for your sani buckets. You have chlorine and quaternary sanitizers on hand, so get both test strip types. Make sure to store used wiping cloths in sani-buckets to prevent microbial growth. Inadequate work with labeling and cleaning.*

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. *Rustic Cymbale*
RECEIVED BY: *[Signature]*