

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

DBA/NAME <i>Smokehouse Market</i>	DATE <i>6/25/2015</i>
ADDRESS	RECHECK DATE
OWNER/OPERATOR	SITE #
MAILING ADDRESS	CORRECT MAJOR VIOLATIONS BY:
FOOD CERT <i>Jaliet Grady</i> EXP <i>6/31/2019</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"/>			
<input checked="" type="checkbox"/>			7. Proper hot and cold holding temperatures						<input checked="" type="checkbox"/>	18. Consumer advisory provided for raw or undercooked foods			
			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			
			9. Proper cooling methods							WATER & WASTE WATER			
			10. Proper cooking time & temperatures				<input checked="" type="checkbox"/>			21. Hot and cold water available Temp			
			11. Proper reheating procedures for hot holding							LIQUID WASTE DISPOSAL			
<i>40, 6, 38.2, 38.3, 340, 2, 4, 5, 6, 6.6, 26.7, 38.6</i>										<input checked="" type="checkbox"/>			
							<input checked="" type="checkbox"/>			22. Sewage and wastewater properly disposed			
										VERMIN			
							<input checked="" type="checkbox"/>			23. No rodents, insects, birds, or animals			
						OUT							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							PERMANENT FOOD FACILITIES						
			27. Approved thawing methods used; frozen food maintained frozen.							41. Wiping cloths: properly used and stored			
			28. Food separated and protected							42. Plumbing: Plumbing in good repair, proper backflow devices			
			29. Fruits and vegetables washed as required.							43. Garbage and refuse properly disposed; facilities maintained			
			30. Toxic substances properly identified, stored, used							44. Toilet facilities: properly constructed, supplied, cleaned			
FOOD STORAGE/ DISPLAY/ SERVICE							SIGNS, MISC. REQUIREMENTS & ENFORCEMENT						
			31. Food properly stored; food storage containers identified							45. Premises; personal/cleaning items; vermin-proofing			
			32. Consumer self-service facilities properly constructed and maintained							46. Floor, walls and ceilings: properly built, maintained in good repair, and clean			
			33. Food properly labeled & honestly presented							47. No unapproved private homes/ living or sleeping quarters			
EQUIPMENT/ UTENSILS/ LINENS							REINSPECTION						
			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: *Great work with cleanliness and storage, good 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]*