

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

| | |
|--|------------------------------|
| DBA/NAME <i>Subway</i> | DATE <i>03-27-2024</i> |
| ADDRESS | RECHECK DATE |
| OWNER/OPERATOR | SITE # |
| MAILING ADDRESS | CORRECT MAJOR VIOLATIONS BY: |
| FOOD CERT <i>Due in 30 days</i> EXP <i>4-27-2029</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 |
|---|-----|-----|--|-----|-----|-----|--|-----|-----|---|-----|-----|-----|
| | | | 1. Demonstration of knowledge; food safety certification 9/18/2014 | | | X | | | X | 12. Proper procedures followed for returned and re-service of food | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | | FOOD FROM APPROVED SOURCES | | | | | | |
| | X | | 2. Communicable disease; reporting, restrictions & exclusions | | | | X | | | 13. Food contact surfaces: clean and sanitized | | | |
| X | | | 3. No discharge from eyes, nose, and mouth | | | | X | | | 14. Food obtained from approved source | | | |
| | X | | 4. Proper eating, tasting, drinking or tobacco use | | | | X | | | 15. Shelf stock with completed tags, in good condition, properly stored/displayed | | | |
| X | | | 5. Hands clean and properly washed; gloves used properly | | | | | | X | 16. Compliance with Gulf Oyster Regulations | | | |
| X | | | 6. Adequate handwashing facilities supplied & accessible | | | | | | | SPECIAL PROCEDURES | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | | | | | X | 17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| X | | | 7. Proper hot and cold holding temperatures | | | | | | X | 18. Consumer advisory provided for raw or undercooked foods | | | |
| X | | | 8. Time as a public health control: Proper procedures & records | | | | | | X | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| | X | | 9. Proper cooling methods | | | | | | | WATER & WASTE WATER | | | |
| | | X | 10. Proper cooking time & temperatures | | | | X | | | 21. Hot and cold water available Temp | | | |
| | | X | 11. Proper reheating procedures for hot holding | | | | | | | LIQUID WASTE DISPOSAL | | | |
| | | | 38.2 16.8 40.2 8.1 39.5 40.9 40.3 39.8 39.6 40.4 40.1 38.6 39.9 Quat San | | | | X | | | 22. Sewage and wastewater properly disposed | | | |
| SUPERVISION /PERSONAL CLEANLINESS | | | | | | | VERMIN | | | | | | |
| | | | 25. Person in charge present and performs duties | | | | X | | | 23. No rodents, insects, birds, or animals | | | |
| | | | 26. Personal cleanliness and hair restraints | | | | | | | OUT | | | |
| GENERAL FOOD SAFETY REQUIREMENTS | | | | | | | PHYSICAL FACILITIES | | | | | | |
| | | | 27. Approved thawing methods used; frozen food maintained frozen. | | | | | | | 39. Adequate ventilation and lighting; designated areas, use | | | |
| | | | 28. Food separated and protected | | | | | | | 40. Thermometers provided and accurate | | | |
| | | | 29. Fruits and vegetables washed as required. | | | | | | | 41. Wiping cloths: properly used and stored | | | |
| | | | 30. Toxic substances properly identified, stored, used | | | | | | | PERMANENT FOOD FACILITIES | | | |
| FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | | | | |
| | | | 31. Food properly stored; food storage containers identified | | | | | | | 42. Plumbing: Plumbing in good repair, proper backflow devices | | | |
| | | | 32. Consumer self-service facilities properly constructed and maintained | | | | | | | 43. Garbage and refuse properly disposed; facilities maintained | | | |
| | | | 33. Food properly labeled & honestly presented | | | | | | | 44. Toilet facilities: properly constructed, supplied, cleaned | | | |
| EQUIPMENT/ UTENSILS/ LINENS | | | | | | | OTHER | | | | | | |
| | | | 34. Nonfood contact surfaces clean and in good repair. | | | | | | | 45. Premises; personal/cleaning items; vermin-proofing | | | |
| | | | 35. Warewashing facilities: Adequate, maintained, properly used, test strips available | | | | | | | 46. Floor, walls and ceilings: properly built, maintained in good repair, and clean | | | |
| | | | 36. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity | | | | | | | 47. No unapproved private homes/ living or sleeping quarters | | | |
| | | | 37. Equipment, utensils and linens: Properly stored and used | | | | | | | OUT | | | |
| | | | 38. Vending machines | | | | | | | 48. Signs posted; last inspection report available | | | |
| | | | | | | | | | | 49. Plan review required for new or remodel construction | | | |
| | | | | | | | | | | 50. Permits Available | | | |
| | | | | | | | | | | 51. Impoundment of unsanitary equipment or food | | | |
| | | | | | | | | | | 52. Permit Suspension | | | |
| | | | | | | | | | | 53. Other | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS: *Walk-in closet to the food service area is almost empty. Make sure to obtain a Food Safety Manager's Certification every 90 days, and email or deliver it to our office at 61 Airport Road. Keep a copy of all food safety certifications for all employees on file.*

For all subsequent inspections, if a violation is observed by this inspector, you must correct it by the next inspection day.

**TRINITY COUNTY
ENVIRONMENTAL HEALTH
61 AIRPORT RD
P.O. BOX 476
WEAVERVILLE, CA 96093
(530) 623-1459**

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

Substantiated to us as well

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

DRYNAME: Sidman
 ADDRESS: _____
 OWNER/OPERATOR: _____
 MAILING ADDRESS: _____
 FOOD CERT: 30004
 CORRECT MAJOR VIOLATIONS BY: _____
 CORRECT MINOR VIOLATIONS BY: _____
 DATE: 03-27-2012
 RECHECK DATE: _____
 STATE: _____

| NO. | VIOLATION | YES | NO | NA | DATE | INITIALS | REMARKS |
|-----|---|-----|----|----|------|----------|---------|
| 1 | 1. Personnel in kitchen, the first | | X | | | | |
| 2 | 2. Personnel in kitchen wearing clean | | X | | | | |
| 3 | 3. Personnel in kitchen wearing hair | | X | | | | |
| 4 | 4. Personnel in kitchen wearing shoes | | X | | | | |
| 5 | 5. Personnel in kitchen wearing aprons | | X | | | | |
| 6 | 6. Personnel in kitchen wearing gloves | | X | | | | |
| 7 | 7. Personnel in kitchen wearing aprons | | X | | | | |
| 8 | 8. Personnel in kitchen wearing gloves | | X | | | | |
| 9 | 9. Personnel in kitchen wearing aprons | | X | | | | |
| 10 | 10. Personnel in kitchen wearing gloves | | X | | | | |
| 11 | 11. Personnel in kitchen wearing aprons | | X | | | | |
| 12 | 12. Personnel in kitchen wearing gloves | | X | | | | |
| 13 | 13. Personnel in kitchen wearing aprons | | X | | | | |
| 14 | 14. Personnel in kitchen wearing gloves | | X | | | | |
| 15 | 15. Personnel in kitchen wearing aprons | | X | | | | |
| 16 | 16. Personnel in kitchen wearing gloves | | X | | | | |
| 17 | 17. Personnel in kitchen wearing aprons | | X | | | | |
| 18 | 18. Personnel in kitchen wearing gloves | | X | | | | |
| 19 | 19. Personnel in kitchen wearing aprons | | X | | | | |
| 20 | 20. Personnel in kitchen wearing gloves | | X | | | | |
| 21 | 21. Personnel in kitchen wearing aprons | | X | | | | |
| 22 | 22. Personnel in kitchen wearing gloves | | X | | | | |
| 23 | 23. Personnel in kitchen wearing aprons | | X | | | | |
| 24 | 24. Personnel in kitchen wearing gloves | | X | | | | |
| 25 | 25. Personnel in kitchen wearing aprons | | X | | | | |
| 26 | 26. Personnel in kitchen wearing gloves | | X | | | | |
| 27 | 27. Personnel in kitchen wearing aprons | | X | | | | |
| 28 | 28. Personnel in kitchen wearing gloves | | X | | | | |
| 29 | 29. Personnel in kitchen wearing aprons | | X | | | | |
| 30 | 30. Personnel in kitchen wearing gloves | | X | | | | |
| 31 | 31. Personnel in kitchen wearing aprons | | X | | | | |
| 32 | 32. Personnel in kitchen wearing gloves | | X | | | | |
| 33 | 33. Personnel in kitchen wearing aprons | | X | | | | |
| 34 | 34. Personnel in kitchen wearing gloves | | X | | | | |
| 35 | 35. Personnel in kitchen wearing aprons | | X | | | | |

[Handwritten notes on the right side of the table, possibly indicating inspection details or corrections.]

OBSERVATIONS AND COMMENTS: Handwritten notes describing inspection findings and observations.
 RECEIVED BY: [Signature]
 TRINITY COUNTY ENVIRONMENTAL HEALTH
 81 AIRPORT RD.
 P.O. BOX 476
 WPAVILLIIE, CA 95982
 (530) 237-1489