

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

DBA/NAME <i>Sweet Relief</i>	DATE <i>12/6/2025</i>
ADDRESS	RECHECK DATE
OWNER/OPERATOR	SITE #
MAILING ADDRESS	CORRECT MAJOR VIOLATIONS BY:
FOOD CERT <i>Brian Poe</i>	EXP <i>03/23/2026</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														
	<input checked="" type="checkbox"/>		2. Communicable disease; reporting, restrictions & exclusions				<input checked="" type="checkbox"/>			FOOD FROM APPROVED SOURCES				
	<input checked="" type="checkbox"/>		3. No discharge from eyes, nose, and mouth				<input checked="" type="checkbox"/>			14. Food obtained from approved source				
	<input checked="" type="checkbox"/>		4. Proper eating, tasting, drinking or tobacco use				<input checked="" type="checkbox"/>			15. Shelf stock with completed tags, in good condition, properly stored/displayed				
	<input checked="" type="checkbox"/>		5. Hands clean and properly washed; gloves used properly						<input checked="" type="checkbox"/>	16. Compliance with Gulf Oyster Regulations				
<input checked="" type="checkbox"/>			6. Adequate handwashing facilities supplied & accessible				SPECIAL PROCEDURES							
TIME AND TEMPERATURE RELATIONSHIPS														
<input checked="" type="checkbox"/>			7. Proper hot and cold holding temperatures				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
	<input checked="" type="checkbox"/>		8. Time as a public health control: Proper procedures & records						<input checked="" type="checkbox"/>	18. Consumer advisory provided for raw or undercooked foods				
	<input checked="" type="checkbox"/>		9. Proper cooling methods						<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
	<input checked="" type="checkbox"/>		10. Proper cooking time & temperatures				WATER & WASTE WATER							
	<input checked="" type="checkbox"/>		11. Proper reheating procedures for hot holding				<input checked="" type="checkbox"/>			21. Hot and cold water available Temp				
LIQUID WASTE DISPOSAL														
							<input checked="" type="checkbox"/>			22. Sewage and wastewater properly disposed				
VERMIN														
							<input checked="" type="checkbox"/>			23. No rodents, insects, birds, or animals				
SUPERVISION /PERSONAL CLEANLINESS						OUT								OUT
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.							PHYSICAL FACILITIES							
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							45. Premises; personal/cleaning items; vermin-proofing							
31. Food properly stored; food storage containers identified							PERMANENT FOOD FACILITIES							
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							SIGNS, MISC. REQUIREMENTS & ENFORCEMENT							
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: *Very nice truck, keep up the good work!*

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 indicated 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]*
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