

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

|                                   |                              |
|-----------------------------------|------------------------------|
| DBA/NAME <i>THS Cullinary Lab</i> | DATE <i>11/2/2023</i>        |
| ADDRESS                           | RECHECK DATE                 |
| OWNER/OPERATOR                    | SITE #                       |
| MAILING ADDRESS                   | CORRECT MAJOR VIOLATIONS BY: |
| FOOD CERT <i>User THS</i> EXP     | 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                       |     |     |     |    |     |     | 12. Proper procedures followed for returned and re-service of food                          |   |     |     |  |
|    |     |     | <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>  |     |     |     |    |     |     |   | <b>FOOD FROM APPROVED SOURCES</b>                           |     |     |  |
|    |     |     | 2. Communicable disease; reporting, restrictions & exclusions                            |     |     |     |    |     |     | 14. Food obtained from approved source  |   |     |     |  |
|    |     |     | 3. No discharge from eyes, nose, and mouth   |     |     |     |    |     |     | 15. Shelf stock with completed tags, in good condition, properly stored/displayed           |   |     |     |  |
|    |     |     | 4. Proper eating, tasting, drinking or tobacco use                                       |     |     |     |    |     |     | 16. Compliance with Gulf Oyster Regulations   |   |     |     |  |
|    |     |     | 5. Hands clean and properly washed; gloves used properly                                 |     |     |     |    |     |     | <b>SPECIAL PROCEDURES</b>   |   |     |     |  |
|    |     |     | 6. Adequate handwashing facilities supplied & accessible                                 |     |     |     |    |     |     | 17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |   |     |     |  |
|    |     |     | <b>TIME AND TEMPERATURE RELATIONSHIPS</b>  |     |     |     |    |     |     |   | 18. Consumer advisory provided for raw or undercooked foods |     |     |  |
|    |     |     | 7. Proper hot and cold holding temperatures  |     |     |     |    |     |     | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |   |     |     |  |
|    |     |     | 8. Time as a public health control: Proper procedures & records                          |     |     |     |    |     |     | <b>WATER &amp; WASTE WATER</b>  |   |     |     |  |
|    |     |     | 9. Proper cooling methods  |     |     |     |    |     |     | 21. Hot and cold water available Temp   |   |     |     |  |
|    |     |     | 10. Proper cooking time & temperatures   |     |     |     |    |     |     | <b>LIQUID WASTE DISPOSAL</b>  |   |     |     |  |
|    |     |     | 11. Proper reheating procedures for hot holding  |     |     |     |    |     |     | 22. Sewage and wastewater properly disposed   |   |     |     |  |
|    |     |     | <i>36.0, 35.8, 162.9, 34.9, 35.7, 36.9, 187.0, 31.5</i>                                  |     |     |     |    |     |     | <b>VERMIN</b>   |   |     |     |  |
|    |     |     | <i>Bleach Sani</i>   |     |     |     |    |     |     | 23. No rodents, insects, birds, or animals  |   |     |     |  |
|    |     |     |  |     |     | OUT |    |     |     |   |   |     | OUT |  |
|    |     |     | <b>SUPERVISION /PERSONAL CLEANLINESS</b>   |     |     |     |    |     |     |   | <b>PHYSICAL FACILITIES</b>                                  |     |     |  |
|    |     |     | 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  |   |     |     |  |
|    |     |     | <b>GENERAL FOOD SAFETY REQUIREMENTS</b>  |     |     |     |    |     |     |   | 41. Wiping cloths: properly used and stored                 |     |     |  |
|    |     |     | 27. Approved thawing methods used; frozen food maintained frozen.                        |     |     |     |    |     |     | <b>PERMANENT FOOD FACILITIES</b>  |   |     |     |  |
|    |     |     | 28. Food separated and protected   |     |     |     |    |     |     | 46. Floor, walls and ceilings: properly built, maintained in good repair, and clean         |   |     |     |  |
|    |     |     | 29. Fruits and vegetables washed as required.  |     |     |     |    |     |     | 47. No unapproved private homes/ living or sleeping quarters                                |   |     |     |  |
|    |     |     | 30. Toxic substances properly identified, stored, used                                   |     |     |     |    |     |     | <b>SIGNS, MISC. REQUIREMENTS &amp; ENFORCEMENT</b>  |   |     |     |  |
|    |     |     | <b>FOOD STORAGE/ DISPLAY/ SERVICE</b>  |     |     |     |    |     |     |   | 48. Signs posted; last inspection report available          |     |     |  |
|    |     |     | 31. Food properly stored; food storage containers identified                             |     |     |     |    |     |     | 49. Plan review required for new or remodel construction                                    |   |     |     |  |
|    |     |     | 32. Consumer self-service facilities properly constructed and maintained                 |     |     |     |    |     |     | 50. Permits Available   |   |     |     |  |
|    |     |     | 33. Food properly labeled & honestly presented   |     |     |     |    |     |     | 51. Impoundment of unsanitary equipment or food   |   |     |     |  |
|    |     |     | <b>EQUIPMENT/ UTENSILS/ LINENS</b>   |     |     |     |    |     |     |   | 52. Permit Suspension                                       |     |     |  |
|    |     |     | 34. Nonfood contact surfaces clean and in good repair.                                   |     |     |     |    |     |     | 53. Other   |   |     |     |  |
|    |     |     | 35. Warewashing facilities: Adequate, maintained, properly used, (test strips available) |     |     | X   |    |     |     |   |   |     |     |  |
|    |     |     | 36. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity       |     |     |     |    |     |     |   |   |     |     |  |
|    |     |     | 37. Equipment, utensils and linens: Properly stored and used                             |     |     |     |    |     |     |   |   |     |     |  |
|    |     |     | 38. Vending machines   |     |     |     |    |     |     |   |   |     |     |  |

OBSERVATIONS AND CORRECTIVE ACTIONS: *Make Sale to order test strips to test sanitizer solution, chlorine/bleach test strips. Vely clean and well maintained class room! 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 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]*