TRINITY COUNTY DIVISION OF ENVIRONMENTAL HEALTH

DBA/NAME

ADDRESS

MAILING ADDRESS

Thin, the Alex FOOD PROGRAM OFFICIAL INSPECTION REPORT DATE /) 7-RECHECK DATE OWNER/OPERATOR SITE#

CORRECT MAJOR VIOLATIONS BY:

| FOOD CERT EX | | | | EXP | | | CORRECT MINOR VIOLATIONS BY: | | | | | | |
|--|--|-------------|--|-----------------------------------|------------|-----|---|--|-----------|---|----------|--|--|
| | | 1 | in = in Compliance N/O = Not Observed | N/A = Not | Applicable | OUT | = Out | of Com | pliance | 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 | CUT | | |
| | | | 1. Demonstration of knowledge; food safety certification 9/18/2014 | | | | | | V | 12. Proper procedures followed for returned and re-service of food | | | |
| | | | EMPLOYEE HEALTH & HYGIENIC PRACTI | CES | | | V | 1 | | 13. Food contact surfaces: clean and sanitized | | | |
| | r | [/ | Communicable disease; reporting, restrictions 8 exclusions | isease; reporting, restrictions & | | | FOOD FROM APPROVED SOURCES | | | | | | |
| Z | | | 3. No discharge from eyes, nose, and mouth | | | | V | | | 14. Food obtained from approved source | | | |
| ľ | | \ | 4. Proper eating, tasting, drinking or tobacco use | | | | V | 7 | | 15. Shelf stocked with completed tags, in good condition, properly stored/displayed | | | |
| | | 1/ | 5. Hands clean and properly washed; gloves used properly | | | | | | ν | 16. Compliance with Gulf Oyster Regulations | | | |
| | | 7 | Adequate handwashing facilities supplied & accessible | | | | | | | SPECIAL PROCEDURES | · | | |
| | | | | | | | H | <u> </u> | | 17. Compliance with variance, specialized | l | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | | | | | | process, reduced oxygen packaging, & HACCP Plan | , | | |
| 7 | | | 7. Proper hot and cold holding temperatures | | | | | | V | 18. Consumer advisory provided for raw or undercocked foods | | | |
| | | 1 | 6. Time as a public health control: Proper procedures & records | | | _ | | | U | Licensed health care facilities/ public & priyate schools; prohibited foods not offered | | | |
| | | | 9. Proper cooling methods | | | | 1 | <u>. </u> | | WATER & WASTE WATER | <u> </u> | | |
| | | 7 | 10.Proper cooking time & temperatures | + | | | 1 | Г | 1 | 21. Hot and cold water available Temp | Γ | | |
| | | 1/ | 11.Proper reheating procedures for hot holding | + | | | t | | <i> </i> | LIQUID WASTE DISPOSAL | <u> </u> | | |
| 7 | 7 | 2 | 0.3. 89 - 75 | | LI | | | 7 | | 22. Sewage and wastewater properly disposed | | | |
| 30.6 1 50.0 1 8.4° (10 | | | | | | | VERMIN | | | | | | |
| | | • | | | | | ٠, | $\overline{}$ | Г | | | | |
| | | | | - | | OUT | μu | <u> </u> | | 23. No rodents, insects, birds, or animals | OUT | | |
| 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 | | | | | | |
| 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 29. Fruits and vegetables washed as required. | | | | | | | 43. Garbage and refuse properly disposed; facilities maintained 44. Toilet facilities: properly constructed, supplied, cleaned | | | | | | |
| Truits and vegetables washed as required. 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 34 Nonfood contact surfaces close and in good specific | | | | | | | 48. Signs posted; last inspection report available 49. Plan review required for new or remodel construction | | | | | | |
| Nonfood contact surfaces clean and in good repair. Warewashing facilities: Adequate, maintained, properly used, test strips available | | | | | | | 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 | | | | |
| OB: | e + | ATIONS く | AND CORRECTIVE ACTIONS: () rest | Var | (4per | ver | 71 | Cd. | CA 5 | Stell fant. | | | |
| | | | | | | | | | | | | | |
| Reinspection fees will be charged for all subsequent TRINITY | | | | | | | | DUNTY R.E.H.S. | | | | | |
| reinspections unless an acceptable corrective time schedule has been submitted and approved by this Department. If, for 61 AIRPO | | | | | | | AL HEALTH | | | | | | |
| any | any reasons beyond your control, you cannot correct the P.O. BC | | | | | | | (476 RECEIVED BT: W, MO o | | | | | |
| ındı | indicted violations by the next scheduled time, call this office WEAVERVILLE, CA | | | | | | | | | CA 96093 | | | |