

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

|  |     |                              |
|--|-----|------------------------------|
| DBA/NAME <i>Trinity Center General Store</i> |     | DATE <i>1-26-2024</i>        |
| ADDRESS                                      |     | RECHECK DATE                 |
| OWNER/OPERATOR                               |     | SITE #                       |
| MAILING ADDRESS                              |     | CORRECT MAJOR VIOLATIONS BY: |
| FOOD CERT <i>N/A</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                          |     |     |     |  |     |     | 13. Food contact surfaces: clean and sanitized  |     |     |     |
|   |     | ✓   | 3. No discharge from eyes, nose, and mouth   |     |     |     |  |     |     | 14. Food obtained from approved source  |     |     |     |
|   |     | ✓   | 4. Proper eating, tasting, drinking or tobacco use                                     |     |     |     |  |     | ✓   | 15. Shelf stock with completed tags, in good condition, properly stored/displayed           |     |     |     |
|   |     | ✓   | 5. Hands clean and properly washed; gloves used properly                               |     |     |     |  |     | ✓   | 16. Compliance with Gulf Oyster Regulations   |     |     |     |
|   |     | ✓   | 6. Adequate handwashing facilities supplied & accessible                               |     |     |     |  |     |     | <b>SPECIAL PROCEDURES</b>   |     |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>       |     |     |  |     |     |     |  |     | ✓   | 17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |     |     |     |
|   |     | ✓   | 7. Proper hot and cold holding temperatures  |     |     |     |  |     | ✓   | 18. Consumer advisory provided for raw or undercooked foods                                 |     |     |     |
|   |     | ✓   | 8. Time as a public health control: Proper procedures & records                        |     |     |     |  |     | ✓   | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |     |     |     |
|   |     | ✓   | 9. Proper cooling methods  |     |     |     |  |     |     | <b>WATER &amp; WASTE WATER</b>  |     |     |     |
|   |     | ✓   | 10. Proper cooking time & temperatures   |     |     |     |  |     | ✓   | 21. Hot and cold water available Temp   |     |     |     |
|   |     | ✓   | 11. Proper reheating procedures for hot holding  |     |     |     |  |     |     | <b>LIQUID WASTE DISPOSAL</b>  |     |     |     |
|   |     | ✓   | 37.1, 37.5, 37.1, 34.1, 40.0, 40.8, 39.9, 34.1, 12, 15, 3.9, 2.0, 16, 40.2, -11        |     |     |     |  |     | ✓   | 22. Sewage and wastewater properly disposed   |     |     |     |
|   |     |     |  |     |     | OUT |  |     | ✓   | <b>VERMIN</b>   |     |     |     |
|   |     |     |  |     |     |     |  |     |     | 23. No rodents, insects, birds, or animals  |     |     | OUT |
| <b>SUPERVISION /PERSONAL CLEANLINESS</b>        |     |     |  |     |     |     | <b>PERMANENT FOOD 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>         |     |     |  |     |     |     | <b>PHYSICAL FACILITIES</b>                         |     |     |   |     |     |     |
|   |     |     | 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                              |     |     |     |
| <b>FOOD STORAGE/ DISPLAY/ SERVICE</b>           |     |     |  |     |     |     | <b>PERMANENT FOOD FACILITIES</b>                   |     |     |   |     |     |     |
|   |     |     | 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                                |     |     |     |
| <b>EQUIPMENT/ UTENSILS/ LINENS</b>              |     |     |  |     |     |     | <b>SIGNS, MISC. REQUIREMENTS &amp; ENFORCEMENT</b> |     |     |   |     |     |     |
|   |     |     | 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:** *R&K meats is being worked on with Rikki, and per Rikki: no need for FML. Gwent work on temperatures, make sure to get a thermometer in the milk/alcohol fridge. Good job!*

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  
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P.O. BOX 476  
WEAVERVILLE, CA 96093  
(530) 623-1459**

R.E.H.S. *N/A*

RECEIVED BY: *C. Wood*