

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

DBA/NAME <i>Watering Hole Bar + Meats</i>	DATE <i>9-6-2018</i>
ADDRESS	RECHECK DATE
OWNER/OPERATOR	SITE #
MAILING ADDRESS	CORRECT MAJOR VIOLATIONS BY:
FOOD CERT <i>Yolanda Henriksen</i> EXP <i>March 28 2020</i>	CORRECT MINOR VIOLATIONS BY:

*Out One in 30 days, October 6th*

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			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	12. Proper procedures followed for returned and re-service of food				
			<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>								<b>FOOD FROM APPROVED SOURCES</b>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Food contact surfaces: clean and sanitized				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. Food obtained from approved source				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. Shelf stock with completed tags, in good condition, properly stored/displayed				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Compliance with Gulf Oyster Regulations				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible							<b>SPECIAL PROCEDURES</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>TIME AND TEMPERATURE RELATIONSHIPS</b>							<input checked="" type="checkbox"/>	17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18. Consumer advisory provided for raw or undercooked foods				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Time as a public health control: Proper procedures & records				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Proper cooling methods				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>WATER &amp; WASTE WATER</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21. Hot and cold water available Temp				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>LIQUID WASTE DISPOSAL</b>				
							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed				
										<b>VERMIN</b>				
										23. No rodents, insects, birds, or animals			<input checked="" type="checkbox"/>	
						<b>OUT</b>							<b>OUT</b>	
			<b>SUPERVISION /PERSONAL CLEANLINESS</b>								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				
			<b>GENERAL FOOD SAFETY REQUIREMENTS</b>								<b>PHYSICAL FACILITIES</b>			
			27. Approved thawing methods used, frozen food maintained frozen.							42. Plumbing: Plumbing in good repair, proper backflow devices				
			28. Food separated and protected							43. Garbage and refuse properly disposed; facilities maintained				
			29. Fruits and vegetables washed as required.							44. Toilet facilities: properly constructed, supplied, cleaned				
			30. Toxic substances properly identified, stored, used							45. Premises; personal/cleaning items; vermin-proofing				
			<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>								<b>PERMANENT FOOD FACILITIES</b>			
			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							<b>SIGNS, MISC. REQUIREMENTS &amp; ENFORCEMENT</b>				
			<b>EQUIPMENT/ UTENSILS/ LINENS</b>								48. Signs posted; last inspection report available			
			34. Nonfood contact surfaces clean and in good repair.							49. Plan review required for new or remodel construction				
			35. 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				

**OBSERVATIONS AND CORRECTIVE ACTIONS:** *Need to keep a copy of all Food Handler's Cards / Certification on site. Make sure to deep clean meat cutting area as well as back room and the area b/w freezer and store. Need a Food Manager's Certificate within 30 days by October 6th. Need thermometer in all cold holds.*

Reinspection fees will be charged for all subsequent reinspections 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]*

<b>DBA/NAME</b>	<b>DATE</b>
Food Safety Cert Name:	Exp. Date:
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**OBSERVATIONS AND CORRECTIVE ACTIONS**

Large empty rectangular area for recording observations and corrective actions.