

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

DBA/NAME <i>White Stamp</i>		DATE <i>4-1-2023</i>
ADDRESS		RECHECK DATE
OWNER/OPERATOR		SITE #
MAILING ADDRESS		CORRECT MAJOR VIOLATIONS BY:
FOOD CERT <i>On file</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
<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							FOOD FROM APPROVED SOURCES			
<input checked="" type="checkbox"/>			2. Communicable disease; reporting, restrictions & exclusions				<input checked="" type="checkbox"/>			13. Food contact surfaces: clean and sanitized			
<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"/>	17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<input checked="" type="checkbox"/>			7. Proper hot and cold holding temperatures						<input checked="" type="checkbox"/>	18. Consumer advisory provided for raw or undercooked foods			
<input checked="" type="checkbox"/>			8. Time as a public health control: Proper procedures & records						<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<input checked="" type="checkbox"/>			9. Proper cooling methods							WATER & WASTE WATER			
<input checked="" type="checkbox"/>			10. Proper cooking time & temperatures				<input checked="" type="checkbox"/>			21. Hot and cold water available Temp			
<input checked="" type="checkbox"/>			11. Proper reheating procedures for hot holding				<input checked="" type="checkbox"/>			LIQUID WASTE DISPOSAL			
			<i>40.9, 148.6, 150.2, 150.4, 155.4, 172.4 = 1.6</i>				<input checked="" type="checkbox"/>			22. Sewage and wastewater properly disposed			
							<input checked="" type="checkbox"/>			VERMIN			
							<input checked="" type="checkbox"/>			23. No rodents, insects, birds, or animals			
						OUT							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							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			
			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							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: *Great job! Make sure to get a copy of the FHC on site. Very clean and great temps!*

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. *W.A.*
RECEIVED BY: *Baye Reed*

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