

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

| | |
|---|-------------------------------------|
| DBA/NAME <i>Pine Cove Marily</i> | DATE <i>5/10/2024</i> |
| ADDRESS | RECHECK DATE |
| OWNER/OPERATOR | SITE # |
| MAILING ADDRESS | CORRECT MAJOR VIOLATIONS BY: |
| FOOD CERT <i>NA</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 |
|---|-----|-----|--|-----|-----|-----|----|-----|-----|---|-----|-----|-----|
| | | X | 1. Demonstration of knowledge; food safety certification 9/18/2014 | | | | | | X | 12. Proper procedures followed for returned and re-service of food | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | | | | | FOOD FROM APPROVED SOURCES | | | |
| | | X | 2. Communicable disease; reporting, restrictions & exclusions | | | | X | | | SPECIAL PROCEDURES | | | |
| | | X | 3. No discharge from eyes, nose, and mouth | | | | | | X | 14. Food obtained from approved source | | | |
| | | X | 4. Proper eating, tasting, drinking or tobacco use | | | | | | X | 15. Shelf stock with completed tags, in good condition, properly stored/displayed | | | |
| | | X | 5. Hands clean and properly washed; gloves used properly | | | | | | X | 16. Compliance with Gulf Oyster Regulations | | | |
| | | X | 6. Adequate handwashing facilities supplied & accessible | | | | | | | LIQUID WASTE DISPOSAL | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | | | | | X | 17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| X | | | 7. Proper hot and cold holding temperatures | | | | | | X | 18. Consumer advisory provided for raw or undercooked foods | | | |
| | | X | 8. Time as a public health control: Proper procedures & records | | | | | | X | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| | | X | 9. Proper cooking methods | | | | | | | WATER & WASTE WATER | | | |
| | | X | 10. Proper cooking time & temperatures | | | | | | X | 21. Hot and cold water available Temp | | | |
| | | X | 11. Proper reheating procedures for hot holding | | | | | | X | 22. Sewage and wastewater properly disposed | | | |
| SUPERVISION /PERSONAL CLEANLINESS | | | | | | | | | | VERMIN | | | |
| | | | 25. Person in charge present and performs duties | | | | X | | | 23. No rodents, insects, birds, or animals | | | |
| | | | 26. Personal cleanliness and hair restraints | | | | | | | | | | |
| GENERAL FOOD SAFETY REQUIREMENTS | | | | | | | | | | PHYSICAL FACILITIES | | | |
| | | | 27. Approved thawing methods used; frozen food maintained frozen. | | | | | | | 39. Adequate ventilation and lighting; designated areas, use | | | |
| | | | 28. Food separated and protected | | | | | | | 40. Thermometers provided and accurate | | | |
| | | | 29. Fruits and vegetables washed as required. | | | | | | | 41. Wiping cloths: properly used and stored | | | |
| | | | 30. Toxic substances properly identified, stored, used | | | | | | | PERMANENT FOOD FACILITIES | | | |
| FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | | | | 42. Plumbing: Plumbing in good repair, proper backflow devices | | | |
| | | | 31. Food properly stored; food storage containers identified | | | | | | | 43. Garbage and refuse properly disposed; facilities maintained | | | |
| | | | 32. Consumer self-service facilities properly constructed and maintained | | | | | | | 44. Toilet facilities: properly constructed, supplied, cleaned | | | |
| | | | 33. Food properly labeled & honestly presented | | | | | | | 45. Premises; personal/cleaning items; vermin-proofing | | | |
| EQUIPMENT/ UTENSILS/ LINENS | | | | | | | | | | SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | |
| | | | 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: *Get work, keep it up!*

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.
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R.E.H.S. *NA*

RECEIVED BY: *Louise Rockwood*

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