

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

DBA/NAME <i>Ruth Lake Marine Store</i>	DATE <i>5-8-2024</i>
ADDRESS	RECHECK DATE
OWNER/OPERATOR	SITE #
MAILING ADDRESS	CORRECT MAJOR VIOLATIONS BY:
FOOD CERT <i>Maggie Bryant</i> EXP <i>8/11/2028</i>	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"/>	12. Proper procedures followed for returned and re-service of food			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>							<input checked="" type="checkbox"/>			13. Food contact surfaces: clean and sanitized			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions							<b>FOOD FROM APPROVED SOURCES</b>			
		<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							<b>SPECIAL PROCEDURES</b>			
<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"/>	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							<b>WATER &amp; WASTE WATER</b>			
		<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							<b>LIQUID WASTE DISPOSAL</b>			
			<i>31.4, 33.2, -66, -30, 37.4</i>						<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed			
							<input checked="" type="checkbox"/>			<b>VERMIN</b>			
										23. No rodents, insects, birds, or animals			
						<b>OUT</b>							<b>OUT</b>
<b>SUPERVISION /PERSONAL CLEANLINESS</b>							<b>PHYSICAL 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>PERMANENT FOOD 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>SIGNS, MISC. REQUIREMENTS &amp; ENFORCEMENT</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>OTHER</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: *Great work with temps and cleanliness, 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.

**TRINITY COUNTY  
ENVIRONMENTAL HEALTH**  
61 AIRPORT RD  
P.O. BOX 476  
WEAVERVILLE, CA 96093  
(530) 623-1459

R.E.H.S. *[Signature]*  
RECEIVED BY: *Maggie Bryant*