

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

| | |
|---|-------------------------------------|
| DBA/NAME <i>The Family Diner</i> | DATE <i>6-01-2024</i> |
| ADDRESS | RECHECK DATE |
| OWNER/OPERATOR | SITE # |
| MAILING ADDRESS | CORRECT MAJOR VIOLATIONS BY: |
| FOOD CERT <i>Due by July 28th EXP</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 | |
|----|-----|-----|--|-----|-----|-----|----|-----|-----|---|--|-----|-----|--|
| | | | 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 | | | | | | | 13. Food contact surfaces: clean and sanitized | | | | |
| | | X | 3. No discharge from eyes, nose, and mouth | | | | | | | FOOD FROM APPROVED SOURCES | | | | |
| | | X | 4. Proper eating, tasting, drinking or tobacco use | | | | | | | 14. Food obtained from approved source | | | | |
| | | X | 5. Hands clean and properly washed; gloves used properly | | | | | | X | 15. Shelf stock with completed tags, in good condition, properly stored/displayed | | | | |
| | | X | 6. Adequate handwashing facilities supplied & accessible | | | | | | | 16. Compliance with Gulf Oyster Regulations | | | | |
| | | | TIME AND TEMPERATURE RELATIONSHIPS | | | | | | | | SPECIAL PROCEDURES | | | |
| | | X | 7. Proper hot and cold holding temperatures | | | | | | X | 17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | | |
| | | X | 8. Time as a public health control: Proper procedures & records | | | | | | X | 18. Consumer advisory provided for raw or undercooked foods | | | | |
| | | X | 9. Proper cooking methods | | | | | | X | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | | |
| | | X | 10. Proper cooking time & temperatures | | | | | | | WATER & WASTE WATER | | | | |
| | | X | 11. Proper reheating procedures for hot holding | | | | | | X | 21. Hot and cold water available Temp | | | | |
| | | | | | | | | | | LIQUID WASTE DISPOSAL | | | | |
| | | | | | | | | | X | 22. Sewage and wastewater properly disposed | | | | |
| | | | | | | | | | | VERMIN | | | | |
| | | | | | | | | | X | 23. No rodents, insects, birds, or animals | | | | |
| | | | | | | OUT | | | | | | | OUT | |
| | | | SUPERVISION /PERSONAL CLEANLINESS | | | | | | | | PHYSICAL FACILITIES | | | |
| | | | 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 | | | | |
| | | | GENERAL FOOD SAFETY REQUIREMENTS | | | | | | | | PERMANENT FOOD 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 | | | | | | | | SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | |
| | | | 31. Food properly stored; food storage containers identified | | | | | | | 48. Signs posted; last inspection report available | | | | |
| | | | 32. Consumer self-service facilities properly constructed and maintained | | | | | | | 49. Plan review required for new or remodel construction | | | | |
| | | | 33. Food properly labeled & honestly presented | | | | | | | 50. Permits Available | | | | |
| | | | EQUIPMENT/ UTENSILS/ LINENS | | | | | | | | 51. Impoundment of unsanitary equipment or food | | | |
| | | | 34. Nonfood contact surfaces clean and in good repair. | | | | | | | 52. Permit Suspension | | | | |
| | | | 35. Warewashing facilities: Adequate, maintained, properly used, test strips available | | | X | | | | 53. Other | | | | |
| | | | 36. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity | | | | | | | | | | | |
| | | | 37. Equipment, utensils and linens: Properly stored and used | | | | | | | | | | | |
| | | | 38. Vending machines | | | | | | | | | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS: *Make sure to label every food item that has been opened up, prepped, or taken out of its original packaging with a date. Make sure to order chlorine test strips for your sanitation solutions. Food Safety Manager's Certification + Grease trap are due July 28th 2024.*

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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**TRINITY COUNTY
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(530) 623-1459**

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

If you have any other fair of concerns please don't hesitate to reach out!