

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

DBA/NAME <i>Yellow Jacket Eatery</i>	DATE <i>6/13/2024</i>
ADDRESS	RECHECK DATE
OWNER/OPERATOR	SITE #
MAILING ADDRESS	CORRECT MAJOR VIOLATIONS BY:
FOOD CERT <i>Rebecca White</i> EXP <i>6/17/2020</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>							<b>FOOD FROM APPROVED SOURCES</b>					
		<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions				<input checked="" type="checkbox"/>			14. Food obtained from approved source					
<input checked="" type="checkbox"/>			3. No discharge from eyes, nose, and mouth				<input checked="" type="checkbox"/>			15. Shelf stock with completed tags, in good condition, properly stored/displayed					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4. Proper eating, tasting, drinking or tobacco use				<input checked="" type="checkbox"/>			16. Compliance with Gulf Oyster Regulations					
<input checked="" type="checkbox"/>			5. Hands clean and properly washed; gloves used properly					<input checked="" type="checkbox"/>		<b>SPECIAL PROCEDURES</b>					
<input checked="" type="checkbox"/>			6. Adequate handwashing facilities supplied & accessible					<input checked="" type="checkbox"/>		17. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan					
			<b>TIME AND TEMPERATURE RELATIONSHIPS</b>						<input checked="" type="checkbox"/>		18. Consumer advisory provided for raw or undercooked foods				
<input checked="" type="checkbox"/>			7. Proper hot and cold holding temperatures					<input checked="" type="checkbox"/>		20. Licensed health care facilities/ public & private schools; prohibited foods not offered					
	<input checked="" type="checkbox"/>		8. Time as a public health control: Proper procedures & records					<input checked="" type="checkbox"/>		<b>WATER &amp; WASTE WATER</b>					
	<input checked="" type="checkbox"/>		9. Proper cooling methods							21. Hot and cold water available Temp					
<input checked="" type="checkbox"/>			10. Proper cooking time & temperatures				<input checked="" type="checkbox"/>			<b>LIQUID WASTE DISPOSAL</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11. Proper reheating procedures for hot holding							22. Sewage and wastewater properly disposed					
			<i>40.6, 39.6, 38.2, 35.7, 32.7, 39.8, -1.1, -2.0</i>				<input checked="" type="checkbox"/>			<b>VERMIN</b>					
			<i>1.9, 3.8, 1.5, 0.2</i>							23. No rodents, insects, birds, or animals					
			<i>chlorine D.W.</i>				<input checked="" type="checkbox"/>								
			<b>SUPERVISION /PERSONAL CLEANLINESS</b>											<b>OUT</b>	
			25. Person in charge present and performs duties							39. Adequate ventilation and lighting; designated areas, use				<b>OUT</b>	
			26. Personal cleanliness and hair restraints							40. Thermometers provided and accurate				<b>COS</b>	
			<b>GENERAL FOOD SAFETY REQUIREMENTS</b>								41. Wiping cloths: properly used and stored				
			27. Approved thawing methods used; frozen food maintained frozen.							<b>PHYSICAL FACILITIES</b>					
			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>								45. Premises; personal/cleaning items; vermin-proofing				
			31. Food properly stored; food storage containers identified							<b>PERMANENT FOOD FACILITIES</b>					
			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>SIGNS, MISC. REQUIREMENTS &amp; ENFORCEMENT</b>				
			34. Nonfood contact surfaces clean and in good repair.							48. Signs posted; last inspection report available					
			35. Warewashing facilities: Adequate, maintained, properly used, <u>test strips available</u>			<input checked="" type="checkbox"/>				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:** *The machine (Hashi Zaki) needs a deep cleaning front panel / seal have some grime. Low Dishwasher is currently using chlorine sanitizer but you have QT test strips, make sure to use chlorine test strips -> EVERYTHING ELSE IS QUATERNARY. Great 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 indicated 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]*  
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