



Division of Environmental Health
 100 H Street, Suite 100, Eureka CA 95501
 707-445-6215 - Toll Free: 800-963-9241
 Fax: 707-441-5699 envhealth@co.humboldt.ca.us

Food Facility Official Inspection Report

Date: <u>9/27/22</u>	Page 1 of <u>2</u>
Time In: <u>2pm</u>	
Time Out: <u>3pm</u>	

Facility Name: <u>Subway #23069</u>	Address: <u>1906 4th St</u>	City: <u>Eureka</u>
Permit Expiration Date: <u>9/30/22</u>	Permit Holder: <u>Humboldt Subs, LLC</u>	Permit Category: <u>Full prep</u>
Type of Inspection:		<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> New Facility <input type="checkbox"/> Billable Reinspection <input type="checkbox"/> Plan Review <input type="checkbox"/> Change of Owner

See reverse side for the code sections and general requirements that correspond to each violation listed below.

In = In compliance N/O = Not observed N/A = Not applicable ☒ = Items not in compliance			
COS = Corrected on-site MAJ = Major violation OUT = Out of compliance			
MAJOR VIOLATIONS			
DEMONSTRATION OF KNOWLEDGE			
<input checked="" type="checkbox"/> In	N/O	01. Demonstration of knowledge	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> In	N/O	02. Food safety certification, food handler card compliance	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input checked="" type="checkbox"/> OUT
Food Safety Certification Name: <u>Not Verified</u>		Exp. Date:	
EMPLOYEE HEALTH AND HYGIENIC PRACTICES			
<input checked="" type="checkbox"/> In		03. Communicable disease; reporting, restrictions, and exclusions	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> In	N/O	04. No discharge from eyes, nose, or mouth	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> In	N/O	05. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
PREVENTING CONTAMINATION BY HANDS			
<input checked="" type="checkbox"/> In	N/O	06. Hands clean and properly washed; gloves used properly	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> In		07. Adequate handwash facilities supplied and accessible	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
TIME AND TEMPERATURE RELATIONSHIPS			
<input checked="" type="checkbox"/> In	N/O N/A	08. Proper hot and cold holding temperatures (°F) <u>41</u> Cold Temp <u>135</u> Hot Temp	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> In	N/O N/A	09. Time as public health control; procedures and records	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> In	N/O N/A	10. Proper cooling methods	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> In	N/O N/A	11. Proper cooking time and temperatures	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> In	N/O N/A	12. Proper reheating procedures for hot-holding	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
PROTECTION FROM CONTAMINATION			
<input checked="" type="checkbox"/> In	N/O N/A	13. Returned and reserve of food	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> In	N/O N/A	14. Food in good condition; safe and unadulterated	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> In	N/O N/A	15. Food contact surfaces: clean and sanitized	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
Sanitizer Type: <input checked="" type="checkbox"/> Chlorine <input checked="" type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Hot Water <input type="checkbox"/> Other		Sanitizer Concentration: <u>50/200</u> (ppm) <u>3</u> Compasinkets Temp: °F	
FOOD FROM APPROVED SOURCES			
<input checked="" type="checkbox"/> In		16. Food obtained from approved source	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> In	N/O	17. Compliance with shell stock tags, condition, display	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> In	N/O N/A	18. Compliance with Gulf Oyster Regulations	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
CONFORMANCE WITH APPROVED PROCEDURES			
<input checked="" type="checkbox"/> In	N/O N/A	19. Compliance with variance, specialized process, reduced oxygen packaging, HACCP plan	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
CONSUMER ADVISORY			
<input checked="" type="checkbox"/> In	N/O N/A	20. Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
HIGHLY SUSCEPTIBLE POPULATIONS			
<input checked="" type="checkbox"/> In	N/O N/A	21. Licensed Health Care Facilities, public and private Schools; prohibited foods not offered	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
WATER, HOT WATER			
<input checked="" type="checkbox"/> In		22. Potable hot (120°F) and cold water available. Temp <u>125</u> °F	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
LIQUID WASTE DISPOSAL			
<input checked="" type="checkbox"/> In		23. Sewage and wastewater properly disposed	<input type="checkbox"/> COS <input checked="" type="checkbox"/> MAJ <input checked="" type="checkbox"/> OUT
VERMIN			
<input checked="" type="checkbox"/> In		24. No rodents, insects, birds, or animals	<input type="checkbox"/> COS <input type="checkbox"/> MAJ <input type="checkbox"/> OUT
MINOR VIOLATIONS			
SUPERVISION			OUT
25. Person in charge present and performs duties			
PERSONAL CLEANLINESS			
26. Personal cleanliness and hair restraints			
GENERAL FOOD SAFETY REQUIREMENTS			
27. Approved thawing methods used; frozen food			
28. Food separated and protected			
29. Washing fruits and vegetables			
30. Toxic substances properly identified, stored, used			
FOOD STORAGE, DISPLAY, SERVICE			
31. Food storage; food storage containers identified			
32. Consumer self-service			
33. Food properly labeled and honestly presented			
EQUIPMENT, UTENSILS, LINENS			
34. Non-food-contact surfaces clean			
35. Warewashing; installed, maintained, used. Adequate Means to measure sanitizer			
36. Equipment and Utensils approved; installed, clean, good repair, and capacity			<input checked="" type="checkbox"/> X
37. Equipment, utensils and linens: storage and use			
38. Adequate ventilation and lighting, designated areas, use			
39. Thermometers provided and accurate			
40. Wiping cloths: properly used and stored			
PHYSICAL FACILITIES			
41. Plumbing: proper backflow devices			
42. Garbage and refuse properly disposed; facilities maintained			
43. Toilet facilities: properly constructed, supplied, cleaned			<input checked="" type="checkbox"/> X
44. Premises; personal or cleaning items; vermin-proofing			
PERMANENT FOOD FACILITIES			
45. Floor, walls, and ceilings: constructed, maintained, clean			
46. No unapproved private homes, living or sleeping quarters			
47. Vending machines			
SIGNS, REQUIREMENTS			
48. Signs posted, last inspection report available			<input checked="" type="checkbox"/> X
COMPLIANCE, ENFORCEMENT			
49. Plan Review			
50. Valid Facility Permit: expiration date, proper operation category			
51. Impoundment			
52. Permit Suspension – Facility Closed			<input checked="" type="checkbox"/> X
Reinspection Fee Assessed: \$			

Received by (signature): <u>Cody Severson</u>	Title: <u>District Manager</u>	Reinspection Date: <u>Call when toilet is operating.</u>
Received by (print): <u>Cody Severson</u>	Inspector ID: <u>81</u>	

BELOW ARE THE CORRESPONDING LAWS AND REGULATIONS FOR THE VIOLATIONS LISTED ON THE FRONT SIDE OF THIS FORM.
 THIS PAGE LISTS THE APPLICABLE SECTIONS FROM THE CALIFORNIA RETAIL FOOD CODE FOR EACH ITEM, UNLESS OTHERWISE NOTED.
 THE DEPARTMENT MAY CITE ADDITIONAL SECTIONS AS APPLICABLE.

01. Demonstration of knowledge; food safety certification.	113947
02. Food safety certification, food handler card compliance.	113947.1-113947.5, 113948
03. Communicable disease; reporting, restrictions, and exclusions.	113949.1, 113949.2, 113949.4, 113949.5, 113950, 113973(a), 113975
04. No discharge from eyes, nose, or mouth.	113974
05. Proper eating, tasting, drinking, tobacco use.	113977
06. Hands clean and properly washed; gloves used properly.	113952, 113953.3, 113953.4, 113961, 113968, 113973
07. Adequate handwash facilities supplied and accessible.	113953, 113953.1, 113953.2, 114067(f)
08. Proper hot and cold holding temperatures (°F).	113996, 113998, 114037, 114343(a)
09. Time as public health control; procedures and records.	114000
10. Proper cooling methods.	114002, 114002.1
11. Proper cooking time and temperatures.	114004, 114008, 114010
12. Proper reheating procedures for hot-holding.	114014, 114016
13. Returned and reserve of food.	114079
14. Food in good condition; safe and unadulterated.	113967, 113976, 113980, 113982, 113988, 113990, 114035, 114041(a), 114254.3
15. Food contact surfaces: clean and sanitized.	114097, 114099.1, 114099.2, 114099.4, 114099.6, 114099.7, 114101, 114105, 114109, 114111, 114113, 114115(a, c), 114117, 114125(b), 114141
16. Food obtained from approved source.	113980, 114021-114031, 114041(b), 114376, Humboldt County Code § 512-4
17. Compliance with shell stock tags, condition, display.	114039-114039.5
18. Compliance with Gulf Oyster Regulations.	Title 17 CA Code of Regulations §13675, CA Health and Safety Code §114029
19. Compliance with variance, specialized process, reduced oxygen packaging, HACCP plan.	114057, 114057.1, 114417, 114117.2, 114417.5, 114417.6, 114417.7, 114419 -114419.3
20. Consumer advisory provided for raw or undercooked foods.	114012, 114093
21. Licensed Health Care Facilities, public and private Schools; prohibited foods not offered	114091
22. Potable hot (120°F) and cold water available.	113953(c), 114099.2(b), 114163(a)(3), 114189, 114192, 114192.1, 114195
23. Sewage and wastewater properly disposed.	114197
24. No rodents, insects, birds, or animals.	114259.1, 114259.4, 114259.5
25. Person in charge present and performs duties.	113945, 113945.1, 113984.1, 114075(c)
26. Personal cleanliness and hair restraints.	113969, 113971
27. Approved thawing methods used; frozen food.	114018, 114020
28. Food separated and protected.	113984(a-f), 113986, 114060, 114067(a, d, e, j), 114069(a, c, d), 114077, 114089.1(c), 114143(c, e)
29. Washing fruits and vegetables.	113992
30. Toxic substances properly identified, stored, used.	114254, 114254.1, 114254.2
31. Food storage; food storage containers identified.	114047, 114049, 114051, 114053, 114055, 114067(h), 114069(b)
32. Consumer self-service.	114063, 114065
33. Food properly labeled and honestly presented.	114087, 114088, 114089, 114089.1(a, b), 114090, 114093.1, 114094, 114094.5, 114377
34. Non-food-contact surfaces clean.	114115(b)
35. Warewashing: installed, maintained, used. Adequate Means to measure sanitizer.	114067(f, g), 114099, 114099.3, 114099.5, 114101(a), 114101.1, 114101.2, 114103, 114107, 114125(a)
36. Equipment and Utensils approved; installed, clean, good repair, and capacity.	114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114130.6, 114132, 114133, 114137, 114139, 114153, 114163, 114165, 114167, 114169, 114175, 114177, 114180, 114182
37. Equipment, utensils and linens: storage and use.	114074, 114075(a, b, d, e), 114081, 114119, 114121, 114161, 114172, 114178, 114179, 114083, 114185, 114185.2, 114185.3, 114185.4, 114185.5
38. Adequate ventilation and lighting, designated areas, use of.	114149, 114149.1, 114149.2, 114149.3, 114252, 114252.1
39. Thermometers provided and accurate.	114157, 114159
40. Wiping cloths: properly used and stored.	114135, 114185.1, 114185.3(d - e)
41. Plumbing: proper backflow devices.	114171, 114190, 114192, 114193, 114193.1, 114199, 114201, 114269
42. Garbage and refuse properly disposed; facilities maintained.	114244, 114245, 114245.1, 114245.2, 114245.3, 114245.4, 114245.5, 114245.6, 114245.7
43. Toilet facilities: properly constructed, supplied, and cleaned.	114250, 114250.1, 114276
44. Premises; personal or cleaning items; vermin-proofing.	114123, 114143(a, b), 114256, 114256.1, 114256.2, 114256.4, 114257, 114257.1, 114259, 114259.2, 114259.3, 114279, 114281, 114282
45. Floor, walls, and ceilings: built, maintained, clean.	114143(d), 114266, 114268, 114268.1, 114271, 114272
46. No unapproved private homes, living or sleeping quarters.	114285, 114286
47. Vending machines	114145
48. Signs posted, last inspection report available.	113725.1, 113953.5, 113978, 114381(e)
49. Plan Review.	114380 (a, b)
51. Valid Facility Permit: expiration date, proper operation category.	114067(b, c), 114381, 114387
51. Impoundment.	114393
52. Permit Suspension - Facility Closed	114405, 114409



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Food Facility

Official Inspection Report

Date: <u>9/27/22</u>	Page <u>2</u> of <u>2</u>
Time In: <u>2pm</u>	
Time Out: <u>3pm</u>	

Facility Name: <u>Subway # 23069</u>		Address: <u>1906 4th St</u>		City: <u>Eureka</u>
Permit Expiration Date: <u>9/30/22</u>	Permit Holder: <u>Humboldt Subs, LLC</u>	Permit Category: <u>Full prep</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> New Facility <input type="checkbox"/> Billable Reinspection <input type="checkbox"/> Plan Review <input type="checkbox"/> Change of Owner	

TEMPERATURE CONTROL					NO PHF <input type="checkbox"/>				
Documentation required for all facilities with PHF									
Type of Food	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)	Type of Food	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)
<u>Sliced tomato</u>	<u>35</u>		<u>Sandwich prep</u>		<u>Sliced cheese</u>	<u>40</u>		<u>Worlake Refrigerator</u>	
<u>meatballs</u>	<u>170</u>		<u>Hot Hold</u>		<u>Ambient Air</u>	<u>-4</u>		<u>Worlake Freezer</u>	
<u>Chicken soup</u>	<u>168</u>		<u>Hot Hold</u>		<u>milk</u>	<u>36</u>		<u>Beverage Refrigerator</u>	

OBSERVATIONS AND CORRECTIVE ACTIONS

#2 Food Safety Manager (FSM) on file with this office is no longer employed at the facility. Obtain FSM certificate within 60 days & make available for observation during routine inspections.

#23 Observed inoperable toilet & standing wastewater on restroom floor. A food facility shall not operate if there is sewage overflowing or backing up in the food facility or there are no operable toilets available for food employees. This is an imminent health hazard & major violation that requires a reinspection. See violation #52.

#30 Observed ice buildup on interior of freezer. Service/repair/replace freezer & maintain in good working order to prevent cross-contamination to food. Observed mold-like substance on soda machine drain board. Maintain equipment clean to prevent mold growth.

#43 Toilet facility is inoperable. Toilet facilities shall be available for food employees & customers if there is on-site consumption of food. See violation #52.

#48 Observed expired permit posted. Post current permit to operate in a conspicuous location.

#52 Due to lack of operable toilet available for food employees, the facility must cease operation & permit to operate is suspended by this office. Facility shall remain closed until permit is reinstated. At any time within 15 calendar days the permit holder may request in writing a hearing before a hearing officer to show cause why the permit suspension is not warranted.

Received by (signature):	Title: <u>District manager</u>	Reinspection Date: <u>Call when toilet is operating.</u>
Received by (print): <u>Cody Severson</u>	Inspector ID: <u>81</u>	

*The above major violations must be corrected by _____. A reinspection may be conducted and a reinspection fee of \$ _____ assessed, as authorized by current County ordinance. This fee may be waived if a mailed or faxed receipt or other satisfactory documentation showing proof of the correction or repair is received prior to the compliance date. The local building official may require a permit for above corrections. Please contact the appropriate office for assistance.

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11. Proper cooking time and temperatures.	114004, 114008, 114010
12. Proper reheating procedures for hot-holding.	114014, 114016
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AB 1276	CA Public Resources Code 42270 - 42273
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