PLUMAS COUNTY
ENVIRONMENTAL HEALTH DIVISION

# FOOD SAFETY EVALUATION REPORT

270 County Hospital Rd., Ste 127 Quincy, CA 95971
Phone: (530) 283-6355 FAX (530) 283-6241

Date of Inspection: 8/21/15

Facility Name: Relay Station Phone Number _____ PR ID # 254
Facility Site Address: 1335 E. Main City: Quincy Zip 95971
Permit #: 14-13100A Exp Date: 12/1/15 Permit Holder: High Blue Inc
Type of Inspection: Routine

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 COS = Corrected on-site MAJ = Major violation OUT=Out of Compliance

| In | N/O-N/A | | COS | MAJ | OUT |
|---|---|---|---|---|---|
| | | **DEMONSTRATION OF KNOWLEDGE** | | | |
| | ✓ | 1. Demonstration of knowledge; food safety certification | | | |
| Food Safety Cert Name: | | Exp. Date | | | |
| | | **EMPLOYEE HEALTH & HYGIENIC PRACTICES** | | | |
| ✓ | | 2. Communicable disease; reporting, restrictions & exclusions | | | |
| ✓ | | 3. No discharge from eyes, nose, and mouth | | | |
| ✓ | | 4. Proper eating, tasting, drinking or tobacco use | | | |
| | | **PREVENTING CONTAMINATION BY HANDS** | | | |
| ✓ | | 5. Hands clean and properly washed; gloves used properly | | | |
| ✓ | | 6. Adequate handwashing facilities supplied & accessible | | | |
| | | **TIME AND TEMPERATURE RELATIONSHIPS** | | | |
| | | 7. Proper hot and cold holding temperatures | | | ✓ |
| | ✓ | 8. Time as a public health control; procedures & records | | | |
| | ✓ | 9. Proper cooling methods | | | |
| | ✓ | 10. Proper cooking time & temperatures | | | |
| | ✓ | 11. Proper reheating procedures for hot holding | | | |
| | | **PROTECTION FROM CONTAMINATION** | | | |
| ✓ | | 12. Returned and re-service of food | | | |
| ✓ | | 13. Food in good condition, safe and unadulterated | | | |
| ✓ | | 14. Food contact surfaces: clean and sanitized | | | |

| In | N/O-N/A | | COS | MAJ | OUT |
|---|---|---|---|---|---|
| | | **FOOD FROM APPROVED SOURCES** | | | |
| ✓ | | 15. Food obtained from approved source | | | |
| | ✓ | 16. Compliance with shell stock tags, condition, display | | | |
| | ✓ | 17. Compliance with Gulf Oyster Regulations | | | |
| | | **CONFORMANCE WITH APPROVED PROCEDURES** | | | |
| | ✓ | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| | | **CONSUMER ADVISORY** | | | |
| | ✓ | 19. Consumer advisory provided for raw or undercooked foods | | | |
| | | **Highly Susceptible Populations** | | | |
| | ✓ | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| | | **WATER/HOT WATER** | | | |
| ✓ | | 21. Hot and cold water available Temp _____ | | | |
| | | **LIQUID WASTE DISPOSAL** | | | |
| ✓ | | 22. Sewage and wastewater properly disposed | | | |
| | | **VERMIN** | | | |
| ✓ | | 23. No rodents, insects, birds, or animals | | | |

| SUPERVISION | OUT |
|---|---|
| 24. Person in charge present and performs duties | |
| **PERSONAL CLEANLINESS** | |
| 25. Personal cleanliness and hair restraints | |
| **GENERAL FOOD SAFETY REQUIREMENTS** | |
| 26. Approved thawing methods used, frozen food | |
| 27. Food separated and protected | |
| 28. Washing fruits and vegetables | |
| 29. Toxic substances properly identified, stored, used | |
| **FOOD STORAGE/ DISPLAY/ SERVICE** | |
| 30. Food storage; food storage containers identified | |
| 31. Consumer self-service | |
| 32. Food properly labeled & honestly presented | |
| **EQUIPMENT/ UTENSILS/ LINENS** | |
| 33. Nonfood contact surfaces clean | |
| 34. Warewashing facilities: installed, maintained, used; test strips | |
| 35. Equipment/ Utensils approved; installed; clean; good repair; capacity | ✓ |
| 36. Equipment, utensils and linens: storage and use | |
| 37. Vending machines | |
| 38. Adequate ventilation and lighting; designated areas, use | |

| | OUT |
|---|---|
| 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 | |
| 44. Premises; personal/cleaning items; vermin-proofing | |
| **PERMANENT FOOD FACILITIES** | |
| 45. Floor, walls and ceilings: built, maintained, and clean | |
| 46. No unapproved private homes/ living or sleeping quarters | |
| **SIGNS/ REQUIREMENTS** | |
| 47. Signs posted; last inspection report available | |
| **COMPLIANCE & ENFORCEMENT** | |
| 48. Plan Review | |
| 49. Permits Available | |
| 50. Impoundment | |
| 51. Permit Suspension | |

Received by (Print) Title

Received by (Signature) [signature]

Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine

Facility Name: Relay Station FA ID # 254 Pg 2 of 2

Date of Inspection: 8/21/15

**OBSERVATIONS AND CORRECTIVE ACTIONS**

(5) Adjust and maintain display refrigerator (milk + juice) at 41°F or below. At 47°F at time of inspection.

(35) Clean interior of soda display refrigerator to remove accumulated residue near condenser.

Received by (Print) NARINDER KAUR Title Manager

Received by (Signature) Narinder Kaur

Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine