



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: 3/8/16

Facility Name: Citron - Quincy Phone Number 283-2999 PR ID # 108
 Facility Site Address: 151 Crescent City: Quincy Zip 95971
 Permit #: 15-260628 Exp Date: 6/29/16 Permit Holder: Howe Lawrence Stokes LLC 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				
X				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>Dustin Siskwood</u> Exp. Date: <u>5/1/19</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
X				
2. Communicable disease; reporting, restrictions & exclusions				
X				
3. No discharge from eyes, nose, and mouth				
X				
4. Proper eating, tasting, drinking or tobacco use				
PREVENTING CONTAMINATION BY HANDS				
X				
5. Hands clean and properly washed; gloves used properly				
				X
6. Adequate handwashing facilities supplied & accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
X				
7. Proper hot and cold holding temperatures				
	X			
8. Time as a public health control; procedures & records				
X				
9. Proper cooling methods				
X				
10. Proper cooking time & temperatures				
X				
11. Proper reheating procedures for hot holding				
PROTECTION FROM CONTAMINATION				
X				
12. Returned and re-service of food				
X				
13. Food in good condition, safe and unadulterated				
X				
14. Food contact surfaces: clean and sanitized				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
X				
15. Food obtained from approved source				
	X			
16. Compliance with shell stock tags, condition, display				
	X			
17. Compliance with Gulf Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES				
	X			
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
CONSUMER ADVISORY				
	X			
19. Consumer advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
	X			
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
WATER/HOT WATER				
X				
21. Hot and cold water available Temp <u>125°F</u>				
LIQUID WASTE DISPOSAL				
X				
22. Sewage and wastewater properly disposed				
VERMIN				
				X
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				X
36. Equipment, utensils and linens: storage and use				
37. Vending machines				
38. Adequate ventilation and lighting; designated areas, use				

PHYSICAL FACILITIES		OUT
39. Thermometers provided and accurate		
40. Wiping cloths: properly used and stored		
PERMANENT FOOD 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		
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) Jessica Campostaini Title _____
 Received by (Signature) _____
 Specialist (Print) Pat Sanders Specialist (Signature) [Signature] Re-inspection Date: _____

Facility Name: CHEVRON - Quince

FA ID # 108

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OBSERVATIONS AND CORRECTIVE ACTIONS

6. PROVIDE PAPER TOWELS @ HANDWASH / 3-COMPARTMENT SINK IN BACK
FOOD PREP AREA

23. SIGNS OF VECTOR INFESTATION OBSERVED IN CLOSET BELOW
SODA MACHINE. AREA CLEANED @ TIME OF INSPECTION. OBTAIN
SERVICES OF CERTIFIED PEST CONTROL CO. TO PREVENT ADDITIONAL VECTOR
ISSUES.

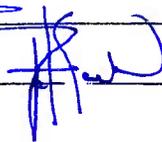
35. CLEAN MECHANICAL VENTILATION / FLOOR OVER DEEP FRYER ON A
ROUTINE BASIS.

NOTE: PER EMPLOYEE'S FACILITY TO BE EXPANDED & UPGRADED IN FUTURE
ENSURE REVIEW OF FOOD PREP, STORAGE ET AREAS BE ENVIRONMENTAL
HEALTH PRIOR TO ANY CONSTRUCTION / MODIFICATION OF FACILITY

Received by (Print) Jessica Camposirini Title

Received by (Signature) 

Specialist (Print) PAT SAWASIS

Specialist (Signature) 

Re-inspection Date: