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: 15 APR 16

Facility Name: PINE SHACK FROSTY Phone Number 258-2593 PR ID # 226
Facility Site Address: 321 MAIN City: CHESTER Zip 96020
Permit #: PENDING Exp Date: Permit Holder: DENNIS HARGRAVE
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: NANCY POGGI		Exp. Date 4/22/16			
		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 2120°F			
		LIQUID WASTE DISPOSAL			
X		22. Sewage and wastewater properly disposed			
		VERMIN			
X		23. No rodents, insects, birds, or animals			

	OUT
SUPERVISION	
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	X
37. Vending machines	
38. Adequate ventilation and lighting; designated areas, use	X

	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	X
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) NANCY POGGI Title Manager
Received by (Signature) [signature]
Specialist (Print) [signature] Specialist (Signature) [signature] Re-inspection Date: 2 Mo 03

Facility Name: Pink Shack Krosty

FA ID #: 226

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Date of Inspection: 15 Aug 16

OBSERVATIONS AND CORRECTIVE ACTIONS

#1) - PLEASE MAIL OR FAX A COPY OF THE CERTIFIED FOOD HANDLER CERTIFICATION AS SOON AS POSSIBLE.

#35 - REAR KITCHEN AREA HAS HOOD WITHOUT FIRE SUPPRESSION AND WITHOUT GREASE FILTERS ABOVE TWO (2) BROILERS AND A HOME STYLE ELECTRIC RANGE. PROVIDE AN APPROVED TYPE 2 HOOD W/ GREASE TRAPS AND FIRE SUPPRESSION

- REPAIR THE EXPOSED ELECTRICAL WIRING AT THE HOT HOLDING STATION IN THE FRONT KITCHEN AREA (HEAT LAMP UNITS)

- CLEAN THE REAR KITCHEN AREA HOOD OF RESIDUE

#36 - PROVIDE A RESTAURANT APPROVED KNIFE HOLDER AT THE REAR KITCHEN AREA AND REMOVE THE WOOD BLOCK KNIFE HOLDER.

#38 - PROVIDE SHATTER-PROOF OVERHEAD LIGHTING THROUGHOUT. PROVIDE END CAPS FOR LAMP TUBES OR REPLACE MISSING LAMP COVERS.

#45 - REPAIR ALL WALL AND CEILING HOLES - SEE BACK KITCHEN / FOOD PREPARATION ROOM AT WATER HEATER. PROVIDE WALLS AND CEILINGS THAT ARE SMOOTH AND EASILY CLEANABLE.

- FINAL PAYMENT OF FEES IS DUE BY 19 APR 16 -

Received by (Print)

Title

Received by (Signature)

Specialist (Print) Rob Lafayette

Specialist (Signature)

Re-inspection Date: