



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

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Date of Inspection: 7 SEP 18

Facility Name: <u>FEATHER RIVER RAIL CO-OP</u>		Phone Number <u>822-1642</u>	PR ID # <u>130</u>
Facility Site Address: <u>60 N PINE</u>		City: <u>PORTOLA</u>	Zip <u>96127</u>
Permit #:	<u>18-097</u>	Exp Date: <u>8/5/19</u>	Permit Holder: <u>QUINCY NATURAL FOODS</u>
Type of Inspection: <u>ROUTINE</u>			

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				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification	<input checked="" type="checkbox"/>		
Food Safety Cert Name: <u>ASHLEY EVERSON</u> Exp. Date: <u>1/21/21</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8. Time as a public health control; procedures & records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9. Proper cooling methods	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/>	12. Returned and re-service of food	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	13. Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	14. Food contact surfaces: clean and sanitized	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
<input checked="" type="checkbox"/>	15. Food obtained from approved source	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition, display	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CONSUMER ADVISORY				
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Highly Susceptible Populations				
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WATER/HOT WATER				
<input checked="" type="checkbox"/>	21. Hot and cold water available	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Temp <u>71.20%</u>				
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VERMIN				
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

		OUT
39. Thermometers provided and accurate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
40. Wiping cloths: properly used and stored	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PHYSICAL FACILITIES		
41. Plumbing: proper backflow devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
42. Garbage and refuse properly disposed; facilities maintained	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
43. Toilet facilities: properly constructed, supplied, cleaned	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
44. Premises; personal/cleaning items; vermin-proofing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PERMANENT FOOD FACILITIES		
45. Floor, walls and ceilings: built, maintained, and clean	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
46. No unapproved private homes/ living or sleeping quarters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SIGNS/ REQUIREMENTS		
47. Signs posted; last inspection report available	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
COMPLIANCE & ENFORCEMENT		
48. Plan Review	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
49. Permits Available	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
50. Impoundment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
51. Permit Suspension	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Received by (Print) April Harston
 Received by (Signature) April Harston
 Specialist (Print) Reb K. Harston Specialist (Signature) Reb K. Harston

Title manager

Re-inspection Date: 26 M/S