



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: 6/1/18

Facility Name: <u>Quincy Elks</u>	Phone Number <u>283-9113</u>	PR ID # <u>277</u>
Facility Site Address: <u>2204 E MAIN</u>	City: <u>QUINCY</u>	Zip <u>95971</u>
Permit #: <u>8/1/19</u>	Exp Date: <u>8-364</u>	Permit Holder: <u>QUINCY ELKS</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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/>				
Food Safety Cert Name: <u>Susan Peters</u> Exp. Date <u>4/9/23</u>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
2. Communicable disease; reporting, restrictions & exclusions <input checked="" type="checkbox"/>				
3. No discharge from eyes, nose, and mouth <input checked="" type="checkbox"/>				
4. Proper eating, tasting, drinking or tobacco use <input checked="" type="checkbox"/>				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
5. Hands clean and properly washed; gloves used properly <input checked="" type="checkbox"/>				
6. Adequate handwashing facilities supplied & accessible <input checked="" type="checkbox"/>				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
7. Proper hot and cold holding temperatures <input checked="" type="checkbox"/>				
8. Time as a public health control; procedures & records <input checked="" type="checkbox"/>				
9. Proper cooling methods <input checked="" type="checkbox"/>				
10. Proper cooking time & temperatures <input checked="" type="checkbox"/>				
11. Proper reheating procedures for hot holding <input checked="" type="checkbox"/>				
<b>PROTECTION FROM CONTAMINATION</b>				
12. Returned and re-service of food <input checked="" type="checkbox"/>				
13. Food in good condition, safe and unadulterated <input checked="" type="checkbox"/>				
14. Food contact surfaces: clean and sanitized <input checked="" type="checkbox"/>				

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
15. Food obtained from approved source <input checked="" type="checkbox"/>				
16. Compliance with shell stock tags, condition, display <input checked="" type="checkbox"/>				
17. Compliance with Gulf Oyster Regulations <input checked="" type="checkbox"/>				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input checked="" type="checkbox"/>				
<b>CONSUMER ADVISORY</b>				
19. Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/>				
<b>Highly Susceptible Populations</b>				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered <input checked="" type="checkbox"/>				
<b>WATER/HOT WATER</b>				
21. Hot and cold water available Temp <u>120°F</u> <input checked="" type="checkbox"/>				
<b>LIQUID WASTE DISPOSAL</b>				
22. Sewage and wastewater properly disposed <input checked="" type="checkbox"/>				
<b>VERMIN</b>				
23. No rodents, insects, birds, or animals <input checked="" type="checkbox"/>				

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

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

Received by (Print) <u>Susan Peters</u>	Title <u>E.R</u>
Received by (Signature) <u>Susan Peters</u>	
Specialist (Print) <u>Jerry Sipe</u>	Specialist (Signature) <u>J. Sipe</u>
Re-inspection Date: <u>NEXT ROUTINE</u>	

FACILITIES INSPECTION ONLY. OPERATOR TO REPAIR DISH MACHINE  
NOT ADDING DETERGENT & LOW ON CHLORINE. PLEASE CALL  
WHEN REPAIRED 203-6555