



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: 12/6/18

Facility Name: <u>WELL TOWNE RUMP</u>	Phone Number <u>284-6655</u>	PR ID # <u>155</u>
Facility Site Address: <u>114 Crescent St.</u>	City: <u>Greenville</u>	Zip <u>95947</u>
Permit #: <u>18-154114-A</u>	Exp Date: <u>2/1/19</u>	Permit Holder: <u>BITUPINDER SINGH</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 				
Food Safety Cert Name: <u>PRE-REQUISITES</u> Exp. Date				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/> 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 				
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly 				
<input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible 				
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/> 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 				
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/> 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 				

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

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 				
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)	<u>Pete</u>	Title
Received by (Signature)	<u>TSing</u>	
Specialist (Print)	<u>PAT SANDERS</u>	Specialist (Signature) <u>H. H. H.</u>
		Re-inspection Date: