



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: 14 DEC 18

Facility Name: <u>BACK DOOR CAFE & CATERING</u>	Phone Number <u>203-1708</u>	PR ID # <u>75</u>
Facility Site Address: <u>204 FAIRFIELD DR</u>	City: <u>QUINCY</u>	Zip <u>95971</u>
Permit #: <u>18-154106</u>	Exp Date: <u>2/1/19</u>	Permit Holder: <u>CARON CHANCE</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				
X 1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/>				
Food Safety Cert Name: <u>CARON CHANCE</u> Exp. Date <u>9/22/20</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
X 2. Communicable disease; reporting, restrictions & exclusions <input checked="" type="checkbox"/>				
X 3. No discharge from eyes, nose, and mouth <input checked="" type="checkbox"/>				
X 4. Proper eating, tasting, drinking or tobacco use <input checked="" type="checkbox"/>				
PREVENTING CONTAMINATION BY HANDS				
X 5. Hands clean and properly washed; gloves used properly <input checked="" type="checkbox"/>				
X 6. Adequate handwashing facilities supplied & accessible <input checked="" type="checkbox"/>				
TIME AND TEMPERATURE RELATIONSHIPS				
X 7. Proper hot and cold holding temperatures <input checked="" type="checkbox"/>				
X 8. Time as a public health control; procedures & records <input checked="" type="checkbox"/>				
X 9. Proper cooling methods <input checked="" type="checkbox"/>				
X 10. Proper cooking time & temperatures <input checked="" type="checkbox"/>				
X 11. Proper reheating procedures for hot holding <input checked="" type="checkbox"/>				
PROTECTION FROM CONTAMINATION				
X 12. Returned and re-service of food <input checked="" type="checkbox"/>				
X 13. Food in good condition, safe and unadulterated <input checked="" type="checkbox"/>				
X 14. Food contact surfaces: clean and sanitized <input checked="" type="checkbox"/>				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
X 15. Food obtained from approved source <input checked="" type="checkbox"/>				
X 16. Compliance with shell stock tags, condition, display <input checked="" type="checkbox"/>				
X 17. Compliance with Gulf Oyster Regulations <input checked="" type="checkbox"/>				
CONFORMANCE WITH APPROVED PROCEDURES				
X 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input checked="" type="checkbox"/>				
CONSUMER ADVISORY				
X 19. Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/>				
Highly Susceptible Populations				
X 20. Licensed health care facilities/ public & private schools; prohibited foods not offered <input checked="" type="checkbox"/>				
WATER/HOT WATER				
X 21. Hot and cold water available Temp <u>71/70 F</u> <input checked="" type="checkbox"/>				
LIQUID WASTE DISPOSAL				
X 22. Sewage and wastewater properly disposed <input checked="" type="checkbox"/>				
VERMIN				
X 23. No rodents, insects, birds, or animals <input checked="" type="checkbox"/>				

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

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>CARON CHANCE</u>	Title
Received by (Signature)	<u>Caron L Chance</u>	
Specialist (Print)	<u>Bob Robinselle</u>	Re-inspection Date: <u>6/1/07</u>
Specialist (Signature)		