



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: 6/20/18

Facility Name: <u>Canyon Shoppes</u>	Phone Number <u>258-6130</u>	PR ID # <u>96</u>
Facility Site Address: <u>134 Willow Way</u>	City: <u>Chestnut</u>	Zip <u>96020</u>
Permit #: <u>18-155912</u>	Exp Date: <u>6/14/19</u>	Permit Holder: <u>Victoria Ax-Youse</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>				
<input checked="" type="checkbox"/> 1. Demonstration of knowledge: food safety certification <input checked="" type="checkbox"/>				
Food Safety Cert Name: <u>Victoria Ax-Youse</u> Exp. Date <u>6/14/19</u>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use	<input checked="" type="checkbox"/>	
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>	
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures		
<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"/>	9. Proper cooling methods		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding		
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12. Returned and re-service of food	<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"/>	14. Food contact surfaces: clean and sanitized		

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
<input checked="" type="checkbox"/> 15. Food obtained from approved source <input checked="" type="checkbox"/>				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/> 16. Compliance with shell stock tags, condition, display <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 17. Compliance with Gulf Oyster Regulations <input checked="" type="checkbox"/>				
<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input checked="" type="checkbox"/>				
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
<input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/>				
<b>WATER/HOT WATER</b>				
<input checked="" type="checkbox"/> 21. Hot and cold water available Temp <u>120°F</u> <input checked="" type="checkbox"/>				
<b>LIQUID WASTE DISPOSAL</b>				
<input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed <input checked="" type="checkbox"/>				
<b>VERMIN</b>				
<input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals <input checked="" type="checkbox"/>				

<b>SUPERVISION</b>		OUT
24. Person in charge present and performs duties		
<b>PERSONAL CLEANLINESS</b>		
25. Personal cleanliness and hair restraints		
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		
26. Approved thawing methods used, frozen food		
27. Food separated and protected		
28. Washing fruits and vegetables		
29. Toxic substances properly identified, stored, used		
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>		
30. Food storage; food storage containers identified		
31. Consumer self-service		
32. Food properly labeled & honestly presented		
<b>EQUIPMENT/ UTENSILS/ LINENS</b>		
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		

<b>PHYSICAL FACILITIES</b>		OUT
39. Thermometers provided and accurate		
40. Wiping cloths: properly used and stored		
<b>PERMANENT FOOD FACILITIES</b>		
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		
<b>SIGNS/ REQUIREMENTS</b>		
45. Floor, walls and ceilings: built, maintained, and clean		
46. No unapproved private homes/ living or sleeping quarters		
<b>COMPLIANCE &amp; ENFORCEMENT</b>		
47. Signs posted; last inspection report available		
48. Plan Review		
49. Permits Available		
50. Impoundment		
51. Permit Suspension		

Received by (Print) Victoria Ax Title

Received by (Signature) Victoria Ax

Specialist (Print) PAT SANDERS Specialist (Signature)  Re-Inspection Date: