



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

pg 1 of 1

Date of Inspection: 12/6/17

Facility Name: <u>Dollar General</u>	Phone Number <u>616-8951</u>	PR ID # <u>121</u>
Facility Site Address: <u>270 Main</u>	City: <u>CRESTON</u>	Zip <u>96020</u>
Permit #: <u>17-148562</u>	Exp Date: <u>6/13/18</u>	Permit Holder: <u>DOLGEN CALI LLC</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>Pre-Packaged / Non-Packaged</u> Exp. Date				
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>AVAILABLE</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		
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) Stephanie Wills

Title

Received by (Signature) Stephanie Wills

Specialist (Print) Pat Sanders

Specialist (Signature) [Signature]

Re-Inspection Date: