



**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

Date of Inspection: 5/7/19

2/7/19

Facility Name: Polar General #14401 - Quincy Phone Number 616-8571 PR ID # 123
Facility Site Address: 1905 E Main St. City: Quincy Zip 95971
Permit #: 18-154292 Exp Date: 6/18/19 Permit Holder: Dolgen California LLC Type of Inspection: routine

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	DEMONSTRATION OF KNOWLEDGE		COS	MAJ	OUT
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification		<input checked="" type="checkbox"/>			
Food Safety Cert Name:			Exp. Date			
EMPLOYEE HEALTH & HYGIENIC PRACTICES						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2. Communicable disease; reporting, restrictions & exclusions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3. No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4. Proper eating, tasting, drinking or tobacco use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PREVENTING CONTAMINATION BY HANDS						
<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"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TIME AND TEMPERATURE RELATIONSHIPS						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		7. Proper hot and cold holding temperatures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<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"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		9. Proper cooling methods	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		10. Proper cooking time & temperatures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11. Proper reheating procedures for hot holding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PROTECTION FROM CONTAMINATION						
<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"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		13. Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		14. Food contact surfaces: clean and sanitized	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

SUPERVISION		OUT
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		

39. Thermometers provided and accurate	OUT
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) Danville Taylor - Mays
Received by (Signature) Danville Taylor

Title ASM

Received by (Signature)

Specialist (Print)  Specialist (Signature)

Re-inspection Date:

Specialist (Signature) 