



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: 12/11/18

Facility Name: <u>THE DRUNK BRUSH</u>	Phone Number <u>283-1401</u>	PR ID # <u>124</u>
Facility Site Address: <u>438 Main</u>	City: <u>Quincy</u>	Zip <u>95971</u>
Permit #: _____	Exp Date: _____	Permit Holder: _____
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				
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"/>		3. No discharge from eyes, nose, and mouth		
<input checked="" type="checkbox"/>		4. Proper eating, tasting, drinking or tobacco use	<input checked="" type="checkbox"/>	
PREVENTING CONTAMINATION BY HANDS				
<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"/>	
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"/>	
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	15. Food obtained from approved source		
<input checked="" type="checkbox"/>	<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	<input checked="" type="checkbox"/>	
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"/>	<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"/>	<input checked="" type="checkbox"/>	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		

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>Tracie Nolan</u>	Title
Received by (Signature)	<u>Tracie Nolan</u>	
Specialist (Print)	<u>PAT SANDERS</u>	Specialist (Signature) <u>K. Sanderson</u>
Re-inspection Date:		

Facility Name: THE DRUNK BRUSH

FAID # 124

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OBSERVATIONS AND CORRECTIVE ACTIONS

1. OBTAIN & SUBMIT COPY OF FOOD SAFETY CERTIFICATION TO ENVIRONMENTAL HEALTH
BY JANUARY 1, 2019.

¶9. NEW OWNER'S SHALL SUBMIT AN APPLICATION & APPROPRIATE FEES TO
ENVIRONMENTAL HEALTH IMMEDIATELY. HEALTH PERMITS ARE NON-TRANSFERABLE BETWEEN
OWNER'S / NEW OWNERS

Received by (Print)

Tracie Nolan

Title

Received by (Signature)

Tracie Nolan

Specialist (Print)

Pat Sanders

Specialist (Signature)

TKH

Re-inspection Date: