



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: 3 April 18

Facility Name: J&J GRIZZLY STORE Phone Number 832-0270 PR ID # 173
Facility Site Address: 7552 LAKE DAVIS City: PORTOLA Zip 96122
Permit #: 18-1542169 Exp Date: 5/1/19 Permit Holder: JEANNE GRAHAM 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	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification XXXXXXXXXX				
Food Safety Cert Name: <u></u> Exp. Date: <u></u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/> 2. Communicable disease; reporting, restrictions & exclusions XXXXXXXXXX				
<input checked="" type="checkbox"/> 3. No discharge from eyes, nose, and mouth XXXXXXXXXX				
<input checked="" type="checkbox"/> 4. Proper eating, tasting, drinking or tobacco use XXXXXXXXXX				
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly XXXXXXXXXX				
<input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible XXXXXXXXXX				
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/> 7. Proper hot and cold holding temperatures XXXXXXXXXX				
<input checked="" type="checkbox"/> 8. Time as a public health control; procedures & records XXXXXXXXXX				
<input checked="" type="checkbox"/> 9. Proper cooling methods XXXXXXXXXX				
<input checked="" type="checkbox"/> 10. Proper cooking time & temperatures XXXXXXXXXX				
<input checked="" type="checkbox"/> 11. Proper reheating procedures for hot holding XXXXXXXXXX				
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/> 12. Returned and re-service of food XXXXXXXXXX				
<input checked="" type="checkbox"/> 13. Food in good condition, safe and unadulterated XXXXXXXXXX				
<input checked="" type="checkbox"/> 14. Food contact surfaces: clean and sanitized XXXXXXXXXX				

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

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

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)

Jeanne Graham Title: OWNER

Received by (Signature)

Jeanne Graham

Specialist (Print)

Rob Rohrweiler

Specialist (Signature)

Re-inspection Date:

1/17/2018