



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: 6/22/18

| | | |
|--|--------------------------|------------------------------------|
| Facility Name: <u>JEFFLOE's Pie Shop</u> | Phone Number _____ | PR ID # <u>174</u> |
| Facility Site Address: <u>539 Main</u> | City: <u>CHESTER</u> | Zip <u>96020</u> |
| Permit #: <u>17-150935</u> | Exp Date: <u>7/14/18</u> | Permit Holder: <u>JEFF Ogle</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 | | | | |
| <input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification <input type="checkbox"/> | | | | |
| Food Safety Cert Name: <u>JEFF Ogle</u> Exp. Date <u>3/9/21</u> | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| <input checked="" type="checkbox"/> 2. Communicable disease; reporting, restrictions & exclusions <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 3. No discharge from eyes, nose, and mouth <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 4. Proper eating, tasting, drinking or tobacco use <input type="checkbox"/> | | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| <input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible <input type="checkbox"/> X | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| <input checked="" type="checkbox"/> 7. Proper hot and cold holding temperatures <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 8. Time as a public health control; procedures & records <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 9. Proper cooling methods <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 10. Proper cooking time & temperatures <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 11. Proper reheating procedures for hot holding <input type="checkbox"/> | | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| <input checked="" type="checkbox"/> 12. Returned and re-service of food <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 13. Food in good condition, safe and unadulterated <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 14. Food contact surfaces: clean and sanitized <input type="checkbox"/> | | | | |

| In | N/O-N/A | COS | MAJ | OUT |
|--|---------|-----|-----|-----|
| FOOD FROM APPROVED SOURCES | | | | |
| <input checked="" type="checkbox"/> 15. Food obtained from approved source <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 16. Compliance with shell stock tags, condition, display <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 17. Compliance with Gulf Oyster Regulations <input type="checkbox"/> | | | | |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | |
| <input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input type="checkbox"/> | | | | |
| CONSUMER ADVISORY | | | | |
| <input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods <input type="checkbox"/> | | | | |
| Highly Susceptible Populations | | | | |
| <input checked="" type="checkbox"/> 20. Licensed health care facilities/ public & private schools; prohibited foods not offered <input type="checkbox"/> | | | | |
| WATER/HOT WATER | | | | |
| <input checked="" type="checkbox"/> 21. Hot and cold water available Temp <u>120°F +</u> <input type="checkbox"/> | | | | |
| LIQUID WASTE DISPOSAL | | | | |
| <input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed <input type="checkbox"/> | | | | |
| VERMIN | | | | |
| <input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals <input type="checkbox"/> | | | | |

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

| PERMANENT FOOD FACILITIES | | OUT |
|---|--|--------------------------|
| 39. Thermometers provided and accurate | | <input type="checkbox"/> |
| 40. Wiping cloths: properly used and stored | | <input type="checkbox"/> |
| PHYSICAL FACILITIES | | |
| 41. Plumbing: proper backflow devices | | <input type="checkbox"/> |
| 42. Garbage and refuse properly disposed; facilities maintained | | <input type="checkbox"/> |
| 43. Toilet facilities: properly constructed, supplied, cleaned | | <input type="checkbox"/> |
| 44. Premises; personal/cleaning items; vermin-proofing | | <input type="checkbox"/> |
| SIGNS/ REQUIREMENTS | | |
| 45. Floor, walls and ceilings: built, maintained, and clean | | <input type="checkbox"/> |
| 46. No unapproved private homes/ living or sleeping quarters | | <input type="checkbox"/> |
| COMPLIANCE & ENFORCEMENT | | |
| 47. Signs posted; last inspection report available | | <input type="checkbox"/> |
| 48. Plan Review | | <input type="checkbox"/> |
| 49. Permits Available | | <input type="checkbox"/> |
| 50. Impoundment | | <input type="checkbox"/> |
| 51. Permit Suspension | | <input type="checkbox"/> |

| | | |
|-------------------------|--------------------|---|
| Received by (Print) | <u>Jeff Ogle</u> | Title |
| Received by (Signature) | <u>Jeff Ogle</u> | |
| Specialist (Print) | <u>Pat Sanders</u> | Specialist (Signature) <u>Pat Sanders</u> |
| | | Re-inspection Date: |

Facility Name: JEFFROE'S PIE SHOP

FAID # 174

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OBSERVATIONS AND CORRECTIVE ACTIONS

1. NEW FOOD SAFETY CERTIFICATION PERSONNEL: JEFF DOLE (CAT # 13390492
EXP. 3/9/21 - NOT A VIOLATION.

6. KEEP HANDWASH SINK CLEAR OF ANY ITEMS & ACCESSIBLE @ ALL TIMES OF OPERATION
ICE CREAM SCOOPS PRESENT IN SINK @ TIME OF INSPECTION.

35. OBTAIN COMMERCIAL GRADE CROCK POTS - DISCONTINUE USE OF DOMESTIC CROCK POTS.

AS TEMPERATURES RISE DURING SUMMER CONTINUE ROUTINE & DAILY CHECKS ON SALAD
BAR ITEMS.

Received by (Print)

JEFF O DOLE

Title

Received by (Signature)

Specialist (Print) PAI SANDER

Specialist (Signature) H. H. H.

Re-inspection Date: