



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>Jeffree's Produce</u>	Phone Number: _____	PR ID #: <u>175</u>
Facility Site Address: <u>539 Main</u>	City: <u>CHASTER</u>	Zip: <u>96020</u>
Permit #: <u>17-150936</u>	Exp Date: <u>8/1/18</u>	Permit Holder: <u>JEFF Oce</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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/>				
Food Safety Cert Name: <u>Non-Prep - Produce</u> Exp. Date: _____				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/> 2. Communicable disease; reporting, restrictions & exclusions <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 3. No discharge from eyes, nose, and mouth <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 4. Proper eating, tasting, drinking or tobacco use <input checked="" type="checkbox"/>				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<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"/>				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/> 7. Proper hot and cold holding temperatures <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"/> 9. Proper cooling methods <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 10. Proper cooking time & temperatures <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 11. Proper reheating procedures for hot holding <input checked="" type="checkbox"/>				
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/> 12. Returned and re-service of food <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 13. Food in good condition, safe and unadulterated <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 14. Food contact surfaces: clean and sanitized <input checked="" type="checkbox"/>				

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

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

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

Received by (Print) <u>Jeff Oce</u>	Title: _____
Received by (Signature) <u>Jeff Oce</u>	
Specialist (Print) <u>PAT SANDERS</u>	Specialist (Signature) <u>Pat Sanders</u>
Re-inspection Date: _____	