



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: 28 JUN 17

Facility Name: <u>THE TOY STORE - MTF</u>	Phone Number <u>283-0404</u>	PR ID # _____
Facility Site Address: <u>383 Main St</u>	City: <u>QUINCY</u>	Zip <u>95971</u>
Permit #: _____	Exp Date: _____	Permit Holder: <u>MATTHEW KITCHENS</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 checked="" type="checkbox"/>				
Food Safety Cert Name: _____ Exp. Date: _____				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<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"/>				
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"/>				
<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"/>				
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/> 12. Relisted 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
FOOD FROM APPROVED SOURCES				
<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"/>				
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input checked="" type="checkbox"/>				
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 <input checked="" type="checkbox"/>				
WATER/HOT WATER				
<input checked="" type="checkbox"/> 21. Hot and cold water available <input checked="" type="checkbox"/> Temp _____				
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed <input checked="" type="checkbox"/>				
VERMIN				
<input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals <input checked="" type="checkbox"/>				

SUPERVISION				
24. Person in charge present and performs duties <input checked="" type="checkbox"/>				
PERSONAL CLEANLINESS				
25. Personal cleanliness and hair restraints <input checked="" type="checkbox"/>				
GENERAL FOOD SAFETY REQUIREMENTS				
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"/>				
FOOD STORAGE/ DISPLAY/ SERVICE				
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"/>				
EQUIPMENT/ UTENSILS/ LINENS				
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"/>				

PHYSICAL FACILITIES				
39. Thermometers provided and accurate <input checked="" type="checkbox"/>				
40. Wiping cloths: properly used and stored <input checked="" type="checkbox"/>				
PERMANENT FOOD FACILITIES				
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"/>				
SIGNS/ REQUIREMENTS				
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"/>				
COMPLIANCE & ENFORCEMENT				
47. Signs posted; last inspection report available <input checked="" type="checkbox"/>				
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) Matthew Kitchens

Title Owner

Received by (Signature) MR

Specialist (Print) Rob Robertte

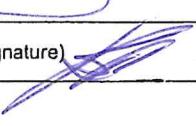
Specialist (Signature) Rob Robertte

Re-inspection Date: 2/2/2018

Facility Name: <u>THE TOY STORE MFG</u>	FAID #: <u>1</u>	Pg <u>2</u> of <u>2</u> Date of Inspection: <u>28JUN17</u>
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OBSERVATIONS AND CORRECTIVE ACTIONS

-THIS FACILITY IS Approved for operation.

Received by (Print)	Title
Received by (Signature)	
Specialist (Print)	Specialist (Signature)
<u>Kelly Robins</u>	
Re-inspection Date:	