



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: 8/9/19

|  |                         |                                    |
|--|-------------------------|------------------------------------|
| Facility Name: <u>Jeffre's Prevue</u>  | Phone Number _____      | PR ID # <u>175</u>                 |
| Facility Site Address: <u>539 Main</u> | City: <u>CHESTER</u>    | Zip <u>96020</u>                   |
| Permit #: <u>19-142</u>                | Exp Date: <u>8/1/20</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 |
|---|---------|-----------|-----|-----|
| <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.</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 <input checked="" type="checkbox"/> 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"/>  |         |     |     |     |

| SUPERVISION   |  | OUT                                 |
|---|--|-------------------------------------|
| 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 liners: 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"/> |

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