



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: 14/10/19

Facility Name: <u>DOCC'S</u>	Phone Number: <u>836-7121</u>	PR ID #: <u>119</u>
Facility Site Address: <u>345 MONTAUK HGT</u>	City: <u>BELINDEA</u>	Zip: <u>96103</u>
Permit #: <u>19-C86</u>	Exp Date: <u>5/20/20</u>	Permit Holder: <u>GINA PRINCE</u>
Type of Inspection: <u>Rooting</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"/>		
<b>Food Safety Cert Name: <u>GINA PRINCE</u> Exp. Date: <u>11/30/21</u></b>				
<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>7120°F</u>		
<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>					OUT
24. Person in charge present and performs duties					<input checked="" type="checkbox"/>
<b>PERSONAL CLEANLINESS</b>					<input checked="" type="checkbox"/>
25. Personal cleanliness and hair restraints					<input checked="" type="checkbox"/>
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>					<input checked="" type="checkbox"/>
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>					<input checked="" type="checkbox"/>
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>					<input checked="" type="checkbox"/>
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>39. Thermometers provided and accurate</b>					OUT
40. Wiping cloths: properly used and stored					<input checked="" type="checkbox"/>
<b>PHYSICAL FACILITIES</b>					<input checked="" type="checkbox"/>
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>PERMANENT FOOD FACILITIES</b>					<input checked="" type="checkbox"/>
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>					<input checked="" type="checkbox"/>
47. Signs posted; last inspection report available					<input checked="" type="checkbox"/>
<b>COMPLIANCE &amp; ENFORCEMENT</b>					<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)	<u>GINA PRINCE</u>	Title	<u>OWNER</u>
Received by (Signature)	<u>Gina Prince</u>		
Specialist (Print)	<u>REBECCA KELLY</u>	Specialist (Signature)	
		Re-inspection Date:	