



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: 15 NOV 19

Facility Name: <i>COCCIA'S</i>	Phone Number: <i>936-7121</i>	PR ID #: <i>119</i>
Facility Site Address: <i>5457 Northgate Hwy Blairsden</i>	Zip: <i>96103</i>	Type of Inspection: <i>ROUTINE</i>
Permit #: <i>19-086</i>	Exp Date: <i>5/20/20</i>	Permit Holder: <i>GINA PRINCE</i>

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				
Food Safety Cert Name: <i>GINA PRINCE</i> Exp. Date: <i>11/30/21</i>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/> 2. Communicable disease; reporting, restrictions & exclusions				
<input checked="" type="checkbox"/> 3. No discharge from eyes, nose, and mouth				
<input checked="" type="checkbox"/> 4. Proper eating, tasting, drinking or tobacco use				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly				
<input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/> 7. Proper hot and cold holding temperatures				
<input checked="" type="checkbox"/> 8. Time as a public health control; procedures & records				
<input checked="" type="checkbox"/> 9. Proper cooling methods				
<input checked="" type="checkbox"/> 10. Proper cooking time & temperatures				
<input checked="" type="checkbox"/> 11. Proper reheating procedures for hot holding				
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/> 12. Returned and re-service of food				
<input checked="" type="checkbox"/> 13. Food in good condition, safe and unadulterated				
<input checked="" type="checkbox"/> 14. Food contact surfaces: clean and sanitized				

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"/> 16. Compliance with shell stock tags, condition, display				
<input checked="" type="checkbox"/> 17. Compliance with Gulf Oyster Regulations				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods				
<b>Highly Susceptible Populations</b>				
<input checked="" type="checkbox"/> 20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
<b>WATER/HOT WATER</b>				
<input checked="" type="checkbox"/> 21. Hot and cold water available Temp: <i>&gt;120 F</i>				
<b>LIQUID WASTE DISPOSAL</b>				
<input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
<input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals				

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

OUT	
39. Thermometers provided and accurate	
40. Wiping cloths: properly used and stored	
<b>PHYSICAL FACILITIES</b>	
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	
<b>PERMANENT FOOD FACILITIES</b>	
45. Floor, walls and ceilings: built, maintained, and clean	
46. No unapproved private homes/ living or sleeping quarters	
<b>SIGNS/ REQUIREMENTS</b>	
47. Signs posted; last inspection report available	
<b>COMPLIANCE &amp; ENFORCEMENT</b>	
48. Plan Review	
49. Permits Available	
50. Impoundment	
51. Permit Suspension	

Received by (Print) *LILA BARONE*

Title

Received by (Signature) *Lila Barone*

Specialist (Print) *Rob Rasmussen*

Specialist (Signature) *Rob Rasmussen*

Re-inspection Date: *26 NOV 2023*

Facility Name: Cuccini

PAID # 119

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Date of Inspection: 15 NOV 09

OBSERVATIONS AND CORRECTIVE ACTIONS

#35) CLEAN THE BAR GUN HOLDER TO DRINK PROPERLY

-STORE THE BAR AREA ICE SCOOP OUTSIDE THE ICE BIN

#44) REPLACE THE MISSING THRESHOLD SEAL AT THE KITCHEN ENTRY DOOR.

Received by (Print) LILA BARONE

Title

Received by (Signature) 

Specialist (Print) 

Specialist (Signature) 

Re-inspection Date: