



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: 19 SEP 19

| | | |
|--|-------------------------------|------------------------------------|
| Facility Name: <u>IRON DOOR</u> | Phone Number <u>8736-2376</u> | PR ID # <u>171</u> |
| Facility Site Address: <u>5409 Main St</u> | City: <u>STONY CREEK</u> | Zip <u>96103</u> |
| Permit #: <u>19-138</u> | Exp Date: <u>8/1/20</u> | Permit Holder: <u>Chris David</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 type="checkbox"/> | | | | |
| Food Safety Cert Name: <u>BONNIE DAVID</u> Exp. Date <u>2/4/21</u> | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| <input checked="" type="checkbox"/> 2. Communicable disease; reporting, restrictions & exclusions <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 3. No discharge from eyes, nose, and mouth <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 4. Proper eating, tasting, drinking or tobacco use <input type="checkbox"/> | | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| <input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible <input type="checkbox"/> | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| <input checked="" type="checkbox"/> 7. Proper hot and cold holding temperatures <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 8. Time as a public health control; procedures & records <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 9. Proper cooling methods <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 10. Proper cooking time & temperatures <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 11. Proper reheating procedures for hot holding <input type="checkbox"/> | | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| <input checked="" type="checkbox"/> 12. Returned and re-service of food <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 13. Food in good condition, safe and unadulterated <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 14. Food contact surfaces: clean and sanitized <input 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 type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 16. Compliance with shell stock tags, condition, display <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> 17. Compliance with Gulf Oyster Regulations <input type="checkbox"/> | | | | |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | |
| <input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input type="checkbox"/> | | | | |
| CONSUMER ADVISORY | | | | |
| <input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods <input type="checkbox"/> | | | | |
| Highly Susceptible Populations | | | | |
| <input checked="" type="checkbox"/> 20. Licensed health care facilities/ public & private schools; prohibited foods not offered <input type="checkbox"/> | | | | |
| WATER/HOT WATER | | | | |
| <input checked="" type="checkbox"/> 21. Hot and cold water available Temp <u>120°F</u> <input type="checkbox"/> | | | | |
| LIQUID WASTE DISPOSAL | | | | |
| <input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed <input type="checkbox"/> | | | | |
| VERMIN | | | | |
| <input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals <input type="checkbox"/> | | | | |

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

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

Received by (Print) Casey Bates

Title Chef

Received by (Signature) Casey Bates

Specialist (Print) Rob Roberts

Specialist (Signature) Rob Roberts

Re-inspection Date: 26/03

Facility Name: IRON DOOR

FAID # 171

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Date of Inspection: 19 SEP 19

OBSERVATIONS AND CORRECTIVE ACTIONS

#34) REPAIR THE WIRELESSER TO PROVIDE 50PPM
CL2 AT FINAL RINSE (FOUND AT <10PPM)

Received by (Print)

Title

Received by (Signature)

Specialist (Print)

Specialist (Signature)

Re-inspection Date: