



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: 13 Dec 19

Facility Name: <i>MORNING TACERAY</i>	Phone Number: <i>830-1241</i>	PR ID #: <i>206</i>
Facility Site Address: <i>999 FORESTVILLE RD. GENEVA</i>	Zip: <i>96103</i>	Type of Inspection: <i>ROUTINE</i>
Permit #: <i>19173</i>	Exp Date: <i>MM/TT/2018</i>	Permit Holder: <i>MARY THOMAS</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
DEMONSTRATION OF KNOWLEDGE				
1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/> X				
Food Safety Cert Name: <i>-PENDING-</i> Exp. Date				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<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	<input checked="" type="checkbox"/> X		
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/> X		
TIME AND TEMPERATURE RELATIONSHIPS				
<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			
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/>	12. Returned and re-service of food	<input checked="" type="checkbox"/> X		
<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
FOOD FROM APPROVED SOURCES				
<input checked="" type="checkbox"/> X	15. Food obtained from approved source			
<input checked="" type="checkbox"/> X	16. Compliance with shell stock tags, condition, display			
<input checked="" type="checkbox"/> X	17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/> X	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY				
<input checked="" type="checkbox"/> X	19. Consumer advisory provided for raw or undercooked foods	<input checked="" type="checkbox"/> X		
Highly Susceptible Populations				
<input checked="" type="checkbox"/> X	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER				
<input checked="" type="checkbox"/> X	21. Hot and cold water available	Temp <i>71.209C</i>		
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/> X	22. Sewage and wastewater properly disposed			
VERMIN				
<input checked="" type="checkbox"/> X	23. No rodents, insects, birds, or animals			

SUPERVISION				
24. Person in charge present and performs duties				
PERSONAL CLEANLINESS				
25. Personal cleanliness and hair restraints				
GENERAL FOOD SAFETY REQUIREMENTS				
26. Approved thawing methods used, frozen food				
27. Food separated and protected				
28. Washing fruits and vegetables				
29. Toxic substances properly identified, stored, used				
FOOD STORAGE/ DISPLAY/ SERVICE				
30. Food storage; food storage containers identified				
31. Consumer self-service				
32. Food properly labeled & honestly presented				
EQUIPMENT/ UTENSILS/ LINENS				
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				
37. Vending machines				
38. Adequate ventilation and lighting; designated areas, use <input checked="" type="checkbox"/> X				

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)

Mary Thomas

Title *BACTEND*

Received by (Signature)

J. M. Thomas

Specialist (Print)

Rob Hobart

Specialist (Signature)

Re-inspection Date:

1/2020

Facility Name:

MORNING TAVERN

PR
FAID # 206

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Date of Inspection: 13082019

OBSERVATIONS AND CORRECTIVE ACTIONS

#1) OBTAIN A FOOD HANDLER CERTIFICATION AS SOON AS POSSIBLE

-ENSURE EACH EMPLOYEE HAS EITHER A FOOD HANDLER CERTIFICATION OR A CA FOOD HANDLER CARD.

38) PROVIDE STAINLESS-PROOF LIGHTING FOR THE STORAGE ROOM.

Received by (Print)

Title

Received by (Signature)

Specialist (Print)

Specialist (Signature)

Re-inspection Date: