



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: 4/12/2019

Facility Name: <u>PUSD WAREHOUSE</u>	Phone Number <u>283-6548</u>	PR ID # <u>366</u>
Facility Site Address: <u>113 Mill Creek</u>	City: <u>QUINCY</u>	Zip <u>95971</u>
Permit #: <u>19-329</u>	Exp Date: <u>2/1/2020</u>	Permit Holder: <u>PUSD</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 				
Food Safety Cert Name: <u></u> Exp. Date <u></u>				
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 				
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 				
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"/> 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"/> 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 				
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan 				
CONSUMER ADVISORY				
<input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods 				
Highly Susceptible Populations				
<input checked="" type="checkbox"/> 20. Licensed health care facilities/ public & private schools; prohibited foods not offered 				
WATER/HOT WATER				
<input checked="" type="checkbox"/> 21. Hot and cold water available 				
Temp 				
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed 				
VERMIN				
<input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals 				

SUPERVISION		OUT
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		

PHYSICAL FACILITIES		OUT
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) Theresa Belsher-Hawes Title Manager

Received by (Signature) Theresa Belsher-Hawes

Specialist (Print) Pat Sanders

Specialist (Signature) H. Hall

Re-inspection Date: