



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

pg 1 of 1

Date of Inspection: 29/08/19

Facility Name: <u>RED &amp; WHITE MARKET</u>	Phone Number <u>832-1308</u>	PR ID # <u>250</u>
Facility Site Address: <u>165 COMMERCIAL</u>	City: <u>Portola</u>	Zip <u>96122</u>
Permit #: <u>19-217</u>	Exp Date: <u>4/1/20</u>	Permit Holder: <u>SINGH MARKET LLC</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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification	<input checked="" type="checkbox"/>		
Food Safety Cert Name: <u>ANGREJ SINGH</u> Exp. Date <u>4/23/21</u>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	8. Time as a public health control; procedures & records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	9. Proper cooling methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	14. Food contact surfaces: clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition, display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Highly Susceptible Populations</b>				
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WATER/HOT WATER</b>				
<input checked="" type="checkbox"/>	21. Hot and cold water available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temp <u>71.20 °F</u>				
<b>LIQUID WASTE DISPOSAL</b>				
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VERMIN</b>				
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISION		OUT
24. Person in charge present and performs duties		<input type="checkbox"/>
<b>PERSONAL CLEANLINESS</b>		
25. Personal cleanliness and hair restraints		<input type="checkbox"/>
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		
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"/>
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>		
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"/>
<b>EQUIPMENT/ UTENSILS/ LINENS</b>		
33. Nonfood contact surfaces clean		<input type="checkbox"/>
34. Warewashing facilities: installed, maintained, used; test strips		<input 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"/>

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)

ANGREJ SINGH

Received by (Signature)

Angrej Singh

Specialist (Print)

Rob Robinson

Specialist (Signature)

Title

OWNER

Re-inspection Date:

6/20/20