



PLUMAS COUNTY

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ENVIRONMENTAL HEALTH DIVISION

FOOD SAFETY EVALUATION REPORT

270 County Hospital Rd., Ste 127 Quincy, CA 95971
Phone: (530) 283-6355 FAX (530) 283-6241

Date of Inspection: 6/25/20

Facility Name: EVERGREEN MARKET

Facility Site Address: 429 CRESENT

Phone Number 284-7313

PR ID # 126

Permit #: 210-093

Exp Date: 2/1/21

Permit Holder: TUCKER

Type of Inspection:
Routine

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: SHEILA BOWEN	Exp. Date 3/19/23		
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			

	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 120° ±	
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	

In	N/O-N/A		COS	MAJ	OUT
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				

39.	Thermometers provided and accurate	OUT
40.	Wiping cloths: properly used and stored	
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) *Lisabeth Johnson*
 Received by (Signature) *L Johnson*
 Specialist (Print) *Pat Sanders* Specialist (Signature) *[Signature]*

Title *Asst Manager*

Re-inspection Date:

Facility Name: <u>Evergreen Market</u>	FAID # <u>126</u>	Pg <u>2</u> of <u>2</u> Date of Inspection: <u>6/25/20</u>
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OBSERVATIONS AND CORRECTIVE ACTIONS

45. Long Term Goal - Replace Flooring in Deli & Butcher Area, All Floors to be durable, commercial grade, smooth non-assurgent & Easier Cleanable

NOTE: DAIRY WALK-IN REFRIGERATION UNIT. FLOOR & WALLS HAVE BEEN REPLACED - EXCEPT FOR CONCRETE

Spoke w/ MANAGER REWARDING COMPLAINTS RELIEVED NEXT EMPLOYEE NOT WEARING FACE COVERINGS; ALL EMPLOYEES WERE UTILIZING FACE COVERINGS AT TIME OF INSPECTION. CONTINUE USE OF FACE COVERINGS COPY OF 6/18/20 LETTER GIVEN TO MANAGER

Received by (Print)

Lisabeth Johnson

Title Asst Manager

Received by (Signature)

D Johnson

Specialist (Print)

Pat Sanders

Specialist (Signature)

JK

Re-inspection Date: