



PLUMAS COUNTY
pg 1 of ____
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: 6/19/20

Facility Name: <u>Holiday Market</u>	Phone Number <u>258-2122</u>	PR ID # <u>99</u>
Facility Site Address: <u>271 MAIN</u>	City: <u>LITESIDE</u>	Zip <u>96020</u>
Permit #: <u>20-068</u>	Exp Date: <u>2/1/21</u>	Permit Holder: <u>Norm State Grocer</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	CO S	MAJ	OU T
DEMONSTRATION OF KNOWLEDGE				
X	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>Norm NASHWOO</u> Exp. Date <u>3/19/21</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
X	2. Communicable disease; reporting, restrictions & exclusions			
X	3. No discharge from eyes, nose, and mouth			
X	4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS				
X	5. Hands clean and properly washed; gloves used properly			
X	6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS				
X	7. Proper hot and cold holding temperatures			
X	8. Time as a public health control; procedures & records			
X	9. Proper cooling methods			
X	10. Proper cooking time & temperatures			
X	11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION				
X	12. Returned and re-service of food			
X	13. Food in good condition, safe and unadulterated			
X	14. Food contact surfaces: clean and sanitized			
In	N/O-N/A	CO S	MAJ	OU T

FOOD FROM APPROVED SOURCES			
X	15. Food obtained from approved source		
X	16. Compliance with shell stock tags, condition, display		
X	17. Compliance with Gulf Oyster Regulations		
CONFORMANCE WITH APPROVED PROCEDURES			
X	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan		
CONSUMER ADVISORY			
X	19. Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations			
X	20. Licensed health care facilities/ public & private schools; prohibited foods not offered		
WATER/HOT WATER			
X	21. Hot and cold water available	Temp <u>120°F</u>	
LIQUID WASTE DISPOSAL			
X	22. Sewage and wastewater properly disposed		
VERMIN			
X	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		X
36. Equipment, utensils and linens: storage and use		
37. Vending machines		
38. Adequate ventilation and lighting; designated areas, use		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)	<u>Joy Newell</u>	Title
Received by (Signature)	<u>J. Newell</u>	
Specialist (Print)	<u>Pat Sanders</u>	Specialist (Signature) <u>H. Hall</u>
		Re-inspection Date:

Facility Name:

HOLIDAY MARKET

FAID # 99

Pg 2 of 2

Date of Inspection:

6/19/20

OBSERVATIONS AND CORRECTIVE ACTIONS

35. CLEAN FLOOR OF WALK-IN DAIRY UNIT, REPLACE PAPER FROM UNDER SHELVING,
& CLEAN THOROUGHLY.

36. IF POSSIBLE ADJUST NEW FILTERS ABOVE DEEP FILTER TO ELIMINATE GAP BETWEEN
FILTERS

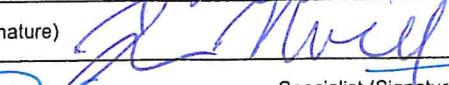
ALL EMPLOYEES OBSERVED WEARING FACE COVERS @ TIME OF INSPECTION.

Received by (Print)

Joy Neppell

Title

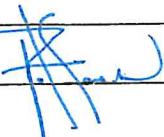
Received by (Signature)



Specialist (Print)

Pat Sanders

Specialist (Signature)



Re-inspection Date: