



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: 7/10/20

|                                      |                          |                                       |
|--------------------------------------|--------------------------|---------------------------------------|
| Facility Name: <u>Young's Market</u> | Phone Number _____       | PR ID # <u>285</u>                    |
| Facility Site Address: <u>4368</u>   | City: <u>Taylorville</u> | Zip <u>95983</u>                      |
| Permit #: <u>20-251</u>              | Exp Date: <u>1/15/21</u> | Permit Holder: <u>Kelly Tan</u>       |
|                                      |                          | Type of Inspection:<br><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 |
|--|---|-------------------------------------|-----|------|
| <b>DEMONSTRATION OF KNOWLEDGE</b>  |   |                                     |     |      |
| <input checked="" type="checkbox"/>  | 1. Demonstration of knowledge; food safety certification      | <input checked="" type="checkbox"/> |     |      |
| <b>Food Safety Cert Name:</b> <u>Kelly Tan</u> <b>Exp. Date</b> <u>1/29/21</u> |   |                                     |     |      |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>                                |   |                                     |     |      |
| <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"/> |     |      |
| <b>PREVENTING CONTAMINATION BY HANDS</b>                                       |   |                                     |     |      |
| <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"/> |     |      |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>                                      |   |                                     |     |      |
| <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               |                                     |     |      |
| <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 checked="" type="checkbox"/>  | 14. Food contact surfaces: clean and sanitized                |                                     |     |      |

| <b>FOOD FROM APPROVED SOURCES</b>           |   |                    |                                     |
|---|---|--------------------|-------------------------------------|
| <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   |                    |                                     |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b> |   |                    |                                     |
| <input checked="" type="checkbox"/>         | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |                    |                                     |
| <b>CONSUMER ADVISORY</b>                    |   |                    |                                     |
| <input checked="" type="checkbox"/>         | 19. Consumer advisory provided for raw or undercooked foods                                 |                    | <input checked="" type="checkbox"/> |
| <b>Highly Susceptible Populations</b>       |   |                    |                                     |
| <input checked="" type="checkbox"/>         | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |                    |                                     |
| <b>WATER/HOT WATER</b>                      |   |                    |                                     |
| <input checked="" type="checkbox"/>         | 21. Hot and cold water available  | Temp <u>120° F</u> |                                     |
| <b>LIQUID WASTE DISPOSAL</b>                |   |                    |                                     |
| <input checked="" type="checkbox"/>         | 22. Sewage and wastewater properly disposed   |                    |                                     |
| <b>VERMIN</b>                               |   |                    |                                     |
| <input checked="" type="checkbox"/>         | 23. No rodents, insects, birds, or animals  |                    |                                     |

| In  | N/O-N/A | CO S | MAJ | OU T |
|---|---------|------|-----|------|
| <b>SUPERVISION</b>  |         |      |     |      |
| 24. Person in charge present and performs duties                          |         |      |     |      |
| <b>PERSONAL CLEANLINESS</b>   |         |      |     |      |
| 25. Personal cleanliness and hair restraints                              |         |      |     |      |
| <b>GENERAL FOOD SAFETY REQUIREMENTS</b>                                   |         |      |     |      |
| 26. Approved thawing methods used, frozen food                            |         |      |     |      |
| 27. Food separated and protected  |         |      |     |      |
| 28. Washing fruits and vegetables   |         |      |     |      |
| 29. Toxic substances properly identified, stored, used                    |         |      |     |      |
| <b>FOOD STORAGE/ DISPLAY/ SERVICE</b>                                     |         |      |     |      |
| 30. Food storage; food storage containers identified                      |         |      |     |      |
| 31. Consumer self-service   |         |      |     |      |
| 32. Food properly labeled & honestly presented                            |         |      |     |      |
| <b>EQUIPMENT/ UTENSILS/ LINENS</b>  |         |      |     |      |
| 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              |         |      |     |      |

| <b>OUT</b>  |  |
|---|--|
| 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)                   | Title                                       |                     |  |
| Received by (Signature)               |   |                     |  |
| Specialist (Print) <u>PAT SANDERS</u> | Specialist (Signature) <u>(Handwritten)</u> | Re-inspection Date: |  |

All Employees & Customers Wearing Face Coverings @ Time of Inspection.