



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: 7/7/20

Facility Name: <u>BEST WESTERN ROSE QUARTZ</u>	Phone Number: <u>258-2002</u>	PR ID #: <u>80</u>
Facility Site Address: <u>306 MAIN</u>	City: <u>CHICO</u>	Zip: <u>96020</u>
Permit #: <u>20-022-F</u>	Exp Date: <u>9/9/20</u>	Permit Holder: <u>GHULAN FARSED</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					
X		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>KATINA BOGLOK</u> Exp. Date: <u>7/12/24</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			

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			

In	N/O-N/A		COS	MAJ	OUT
SUPERVISION					
		24. Person in charge present and performs duties			OUT
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) AMY WOOD

Title MANAGER

Received by (Signature) [Signature]

Specialist (Print) PAT SAWASER

Specialist (Signature) [Signature]

Re-inspection Date:

Facility Name: <u>BEST WESTERN ROSE QUARTZ</u>	FA ID # <u>80</u>	Pg <u>2</u> of <u>2</u>
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OBSERVATIONS AND CORRECTIVE ACTIONS

1. NEW FOOD SAFETY CERTIFIED MANAGER: KATINA PORTLOCK
 Exam Alert # 1814784 Exps: 7/12/24

NOTE: FACILITY HAS MODIFIED FOOD SERVICE TO MEET COVID-19
 MANDATES. FOOD ITEMS ARE PREPACKAGED & PUT INTO SANDWICH
 TYPE BAG - PLACED ON TABLE FOR PICK UP BY CONSUMER
 NO INDOOR SEATING AVAILABLE

Received by (Print) <u>AMY WALKER</u>	Title <u>MANAGER</u>
Received by (Signature) <u><i>Amy Walker</i></u>	
Specialist (Print) <u>PAT SANDERS</u>	Specialist (Signature) <u><i>[Signature]</i></u>
Re-inspection Date:	