



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: 7/7/20

Facility Name: BEST WESTERN Rose QuartzFacility Site Address: 306 MAINCity: LAURELPhone Number 258-2002PR ID # 50Permit #: 20-022-FExp Date: 9/9/20Permit Holder: GHULAM FAROOQType 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: <u>KATINA PARLOCK</u>		Exp. Date <u>7/12/24</u>			
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 <u>120°+</u>	
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					

	OUT
39. Thermometers provided and accurate	
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)

Dawn W. Hause

Title

Manager

Received by (Signature)

Angie Wallin

Specialist (Print)

Pat Sanders

Specialist (Signature)

H. Hall

Re-inspection Date:

Facility Name: BEST WESTERN ROSE QUARTER

FAID # 80

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Date of Inspection: 7/7/20

OBSERVATIONS AND CORRECTIVE ACTIONS

1. New Food Safety Certified Manager: KATINA PORTLOCK

Exam # 18144784 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)

Amy WALKER

Title

MANAGER

Received by (Signature)

Amy Walker - K

Specialist (Print)

PAT SANDERS

Specialist (Signature)

H. Hall

Re-inspection Date: