



PLUMAS COUNTY
ENVIRONMENTAL HEALTH DIVISION
FOOD SAFETY EVALUATION REPORT
270 County Hospital Rd., Ste 127 Quincy, CA 95971
Phone: (530) 283-6355 FAX (530) 283-6241

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Date of Inspection: 28 Aug 20

| | | |
|--|------------------------------|---------------------------------------|
| Facility Name: <u>DOLLAR GENERAL - Portola</u> | Phone Number <u>832-3037</u> | PR ID # <u>987</u> |
| Facility Site Address: <u>313 05 STELLA</u> | City: <u>Portola</u> | Zip <u>96127</u> |
| Permit #: <u>20-825</u> | Exp Date: <u>9/24/21</u> | Permit Holder: <u>Dolgen G1 LLC</u> |
| | | Type of Inspection: SPECIAL |

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 | <input checked="" type="checkbox"/> | | |
| Food Safety Cert Name: _____ Exp. Date _____ | | | | |
| <input checked="" type="checkbox"/> | 2. All food handlers have valid Food Handler Cards | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| <input checked="" type="checkbox"/> | 3. Communicable disease; reporting, restrictions & exclusions | | | |
| <input checked="" type="checkbox"/> | 4. No discharge from eyes, nose, and mouth | | | |
| <input checked="" type="checkbox"/> | 5. Proper eating, tasting, drinking or tobacco use | <input checked="" type="checkbox"/> | | |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| <input checked="" type="checkbox"/> | 6. Hands clean and properly washed; gloves used properly | | | |
| <input checked="" type="checkbox"/> | 7. Adequate handwashing facilities supplied & accessible | <input checked="" type="checkbox"/> | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| <input checked="" type="checkbox"/> | 8. Proper hot and cold holding temperatures | | | |
| <input checked="" type="checkbox"/> | 9. Time as a public health control; procedures & records | | | |
| <input checked="" type="checkbox"/> | 10. Proper cooling methods | | | |
| <input checked="" type="checkbox"/> | 11. Proper cooking time & temperatures | | | |
| <input checked="" type="checkbox"/> | 12. Proper reheating procedures for hot holding | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| <input checked="" type="checkbox"/> | 13. Relisted and re-service of food | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | 14. Food in good condition, safe and unadulterated | | | |
| <input checked="" type="checkbox"/> | 15. Food contact surfaces: clean and sanitized | | | |

| In | N/O-N/A | COS | MAJ | OUT |
|--|---|-------------------------------------|-----|-----|
| FOOD FROM APPROVED SOURCES | | | | |
| <input checked="" type="checkbox"/> | 16. Food obtained from approved source | | | |
| CORONAVIRUS GUIDANCE IMPLEMENTATION | | | | |
| <input checked="" type="checkbox"/> | 17. Takeout, Curbside Pickup, or Delivery Only | | | |
| <input checked="" type="checkbox"/> | 18. Social Distancing Implemented | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | 19. Face Covering Used | | | |
| 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 | | | |
| 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 | | | |
| <input checked="" type="checkbox"/> | | | | |

FOOD SAFETY AND CORONAVIRUS (COVID-19) SPECIAL INSPECTION OBSERVATIONS

Received by (Print)

Title

MURRAY MAGEE PHOTOCOPY OF REPORT

Email:

Specialist (Print)

Specialist (Signature)

Re-inspection Date:

Rhonda Schmetz