



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: 2 NOV 20

Facility Name: <u>PUSD - C.Roy CARL MICHAEL SCHOOL</u>	Phone Number <u>832-2011</u>	PR ID # <u>152</u>
Facility Site Address: <u>895 WEST ST</u>	City: <u>PORTOLA</u>	Zip <u>96122</u>
Permit #: <u>20-119</u>	Exp Date: <u>2/1/21</u>	Permit Holder: <u>PUSD</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"/>	
<input checked="" type="checkbox"/>	Food Safety Cert Name: <u>KATHERINE SAWYER</u> Exp. Date <u>3/29/24</u>			
	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. Returned 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		<input checked="" type="checkbox"/>	
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			

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

(1) Obtain a certified food handler for this food facility

Received by (Print)

Title

Photo copy provided by school office

Email:

Specialist (Print)

Specialist (Signature)

Re-inspection Date:

Rob Robinsette