



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: 3/10/20

Facility Name: <u>GRATEAGLE RESTAURANT</u>	Phone Number <u>836-7393</u>	PR ID # <u>147</u>
Facility Site Address: <u>Hay St</u>	City: <u>GRATEAGLE</u>	Zip <u>96103</u>
Permit #: <u>26-113</u>	Exp Date: <u>2/1/21</u>	Permit Holder: <u>EDWARD</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				
X	1. Demonstration of knowledge; food safety certification	<input checked="" type="checkbox"/>		
Food Safety Cert Name: <u>Ed Ward</u>		Exp. Date	<u>7/1/25</u>	
X	2. All food handlers have valid Food Handler Cards	<input checked="" type="checkbox"/>		
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
X	3. Communicable disease; reporting, restrictions & exclusions	<input checked="" type="checkbox"/>		
X	4. No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>		
X	5. Proper eating, tasting, drinking or tobacco use	<input checked="" type="checkbox"/>		
PREVENTING CONTAMINATION BY HANDS				
X	6. Hands clean and properly washed; gloves used properly	<input checked="" type="checkbox"/>		
X	7. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>		
TIME AND TEMPERATURE RELATIONSHIPS				
X	8. Proper hot and cold holding temperatures	<input checked="" type="checkbox"/>		
X	9. Time as a public health control; procedures & records	<input checked="" type="checkbox"/>		
X	10. Proper cooling methods	<input checked="" type="checkbox"/>		
X	11. Proper cooking time & temperatures	<input checked="" type="checkbox"/>		
X	12. Proper reheating procedures for hot holding	<input checked="" type="checkbox"/>		
PROTECTION FROM CONTAMINATION				
X	13. Relisted and re-service of food	<input checked="" type="checkbox"/>		
X	14. Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>		
X	15. Food contact surfaces: clean and sanitized	<input checked="" type="checkbox"/>		

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
X	16. Food obtained from approved source	<input checked="" type="checkbox"/>		
CORONAVIRUS GUIDANCE IMPLEMENTATION				
X	17. Takeout, Curbside Pickup, or Delivery Only	<input checked="" type="checkbox"/>		
X	18. Social Distancing Implemented	<input checked="" type="checkbox"/>		
X	19. Face Covering Used	<input checked="" type="checkbox"/>		
Highly Susceptible Populations				
X	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	<input checked="" type="checkbox"/>		
WATER/HOT WATER				
X	21. Hot and cold water available	<u>>120%</u>		
LIQUID WASTE DISPOSAL				
X	22. Sewage and wastewater properly disposed	<input checked="" type="checkbox"/>		
VERMIN				
X	23. No rodents, insects, birds, or animals	<input checked="" type="checkbox"/>		

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

Received by (Print)

OWNER CORRECT REPORT w/ PHONE OTHERS

Title

Email:

Specialist (Print)

Specialist (Signature)

R. Johnson

Re-inspection Date:

