



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

pg 1 of 1

Date of Inspection: 5/15/20

|   |                         |  |
|---|-------------------------|--|
| Facility Name: <u>One Stop</u>                | Phone Number _____      | PR ID # <u>218</u>                     |
| Facility Site Address: <u>2003 E Main St.</u> | City: <u>Quincy</u>     | Zip <u>95971</u>                       |
| Permit #: <u>20-185</u>                       | Exp Date: <u>2/4/21</u> | Permit Holder: <u>Bluepinder Singh</u> |
|   |                         | Type of Inspection:<br><b>SPECIAL</b>  |

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: <u>Rachelle Braswell</u> Exp. Date <u>2/4/21</u> |   |                                     |     |     |
| <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. 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  |                                     |     |     |
| 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

- No sign requesting customers to wear face coverings
- 19. Employee not wearing face coverings.
- Label donut case with name of business (must be approved source).

Received by (Print)

Erika Salle

Title

Email:

Specialist (Print)

Eric Caubo

Specialist (Signature)

Eric Caubo

Re-inspection Date:

next routine