



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: 03DEC20

| | | |
|---|------------------------------|--|
| Facility Name: <i>FEATHER RIVER CO-OP</i> | Phone Number <i>832-7642</i> | PR ID # <i>130</i> |
| Facility Site Address: <i>600 N. PINE</i> | City: <i>PORTOLA</i> | Zip: <i>95971</i> |
| Permit #: <i>20-097</i> | Exp Date: <i>8/5/21</i> | Permit Holder: <i>QUINCY NATURAL FOODS</i> |
| | | 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 | | | |
| Food Safety Cert Name: <i>APRIL HARSTOR</i> | | Exp. Date | <i>1/30/24</i> | |
| X | 2. All food handlers have valid Food Handler Cards | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| X | 3. Communicable disease; reporting, restrictions & exclusions | | | |
| X | 4. No discharge from eyes, nose, and mouth | | | |
| X | 5. Proper eating, tasting, drinking or tobacco use | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| X | 6. Hands clean and properly washed; gloves used properly | | | |
| X | 7. Adequate handwashing facilities supplied & accessible | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| X | 8. Proper hot and cold holding temperatures | | | |
| X | 9. Time as a public health control; procedures & records | | | |
| X | 10. Proper cooling methods | | | |
| X | 11. Proper cooking time & temperatures | | | |
| X | 12. Proper reheating procedures for hot holding | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| X | 13. Refused and re-service of food | | | |
| X | 14. Food in good condition, safe and unadulterated | | | |
| X | 15. Food contact surfaces: clean and sanitized | | | |

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

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

Received by (Print)

MANAGER PHOTOCOPIED REPORT

Title

Email:

Specialist (Print)

Bob Kohnmette

Specialist (Signature)

Re-inspection Date: