



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: 30 AUG 19

Facility Name: <u>WESTERN PACIFIC MUSEUM</u>	Phone Number: <u>832-4131</u>	PR ID #: <u>134</u>
Facility Site Address: <u>700 WESTERN PAC</u>	City: <u>PORTOLA</u>	Zip: <u>96122</u>
Permit #: <u>19-100</u>	Exp Date: <u>5/1/20</u>	Permit Holder: <u>FEATHER RIVER RAIL SOCIETY</u>
		Type of Inspection: <u>ROUTINE</u>

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

In	N/O-N/A		COS	MAJ	OUT
FOOD FROM APPROVED SOURCES					
X		15. Food obtained from approved source			
	X	16. Compliance with shell stock tags, condition, display			
	X	17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES					
	X	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY					
	X	19. Consumer advisory provided for raw or undercooked foods			
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			

SUPERVISION	
24. Person in charge present and performs duties	OUT
PERSONAL CLEANLINESS	
25. Personal cleanliness and hair restraints	
GENERAL FOOD SAFETY REQUIREMENTS	
26. Approved thawing methods used; frozen food	
27. Food separated and protected	
28. Washing fruits and vegetables	
29. Toxic substances properly identified, stored, used	
FOOD STORAGE/ DISPLAY/ SERVICE	
30. Food storage; food storage containers identified	
31. Consumer self-service	
32. Food properly labeled & honestly presented	
EQUIPMENT/ UTENSILS/ LINENS	
33. Nonfood contact surfaces clean	
34. Warewashing facilities: installed, maintained, used; test strips	
35. Equipment/ Utensils approved; installed; clean; good repair, capacity	
36. Equipment, utensils and linens: storage and use	
37. Vending machines	
38. Adequate ventilation and lighting; designated areas, use	

39. Thermometers provided and accurate	OUT
40. Wiping cloths: properly used and stored	
PHYSICAL FACILITIES	
41. Plumbing: proper backflow devices	
42. Garbage and refuse properly disposed; facilities maintained	
43. Toilet facilities: properly constructed, supplied, cleaned	
44. Premises: personal/cleaning items; vermin-proofing	
PERMANENT FOOD FACILITIES	
45. Floor, walls and ceilings: built, maintained, and clean	
46. No unapproved private homes/ living or sleeping quarters	
SIGNS/ REQUIREMENTS	
47. Signs posted; last inspection report available	
COMPLIANCE & ENFORCEMENT	
48. Plan Review	
49. Permits Available	
50. Impoundment	
51. Permit Suspension	

Received by (Print) Kristina Dunn

Title _____

Received by (Signature) [Signature]

Specialist (Print) Rob Robinson

Specialist (Signature) [Signature]

Re-inspection Date: ~12 mos