



PLUMAS COUNTY
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ENVIRONMENTAL HEALTH DIVISION
FOOD SAFETY EVALUATION REPORT
270 County Hospital Rd., Ste 127 Quincy, CA 95971
Phone: (530) 283-6355 FAX (530) 283-6241

Date of Inspection: 9/24/20

Facility Name: <u>Coffee Station</u>	City: <u>Chesene</u>	Phone Number <u>258-4112</u>	PR ID # <u>113</u>
Facility Site Address: <u>192 Main</u>	Zip <u>95020</u>	Type of Inspection: <u>Review</u>	
Permit #: <u>20-080</u>	Exp Date: <u>7/1/21</u>	Permit Holder: <u>Reson Lemos</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 CO/S = Corrected on-site MAJ = Major violation OUT=Out of Compliance

In	N/O/N/A	CO S	MAJ	OU T		
DEMONSTRATION OF KNOWLEDGE					SOURCES	
<p><input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification</p>					<p><input checked="" type="checkbox"/> 15. Food obtained from approved source display</p>	
<p><input checked="" type="checkbox"/> 2. Communicable disease; reporting restrictions & exclusions</p>					<p><input checked="" type="checkbox"/> 16. Compliance with shell stock tags, condition, display</p>	
<p><input checked="" type="checkbox"/> 3. No discharge from eyes, nose, and mouth</p>					<p><input checked="" type="checkbox"/> 17. Compliance with Gulf/Oyster Regulations</p>	
<p><input checked="" type="checkbox"/> 4. Proper eating, tasting, drinking or tobacco use</p>					<p><input checked="" type="checkbox"/> CONFORMANCE WITH APPROVED PROCEDURES</p>	
PREVENTING CONTAMINATION BY HANDS					<p><input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan</p>	
<p><input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly</p>					<p><input checked="" type="checkbox"/> CONSUMER ADVISORY</p>	
<p><input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible</p>					<p><input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods</p>	
TIME AND TEMPERATURE RELATIONSHIPS					<p><input checked="" type="checkbox"/> Highly Susceptible Populations</p>	
<p><input checked="" type="checkbox"/> 7. Proper hot and cold holding temperatures</p>					<p><input checked="" type="checkbox"/> 20. Licensed health care facilities/ public & private schools; prohibited foods not offered</p>	
<p><input checked="" type="checkbox"/> 8. Time as a public health control; procedures & records</p>					<p><input checked="" type="checkbox"/> WATER/HOT WATER</p>	
<p><input checked="" type="checkbox"/> 9. Proper cooling methods</p>					<p><input checked="" type="checkbox"/> 21. Hot and cold water available Temp <u>120°f</u></p>	
<p><input checked="" type="checkbox"/> 10. Proper cooking time & temperatures</p>					<p><input checked="" type="checkbox"/> LIQUID WASTE DISPOSAL</p>	
<p><input checked="" type="checkbox"/> 11. Proper reheating procedures for hot holding</p>					<p><input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed</p>	
PROTECTION FROM CONTAMINATION					<p><input checked="" type="checkbox"/> VERMIN</p>	
<p><input checked="" type="checkbox"/> 12. Returned and re-service of food</p>					<p><input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals</p>	
<p><input checked="" type="checkbox"/> 13. Food in good condition, safe and undululated</p>						
<p><input checked="" type="checkbox"/> 14. Food contact surfaces; clean and sanitized</p>						
In	N/O/N/A	CO S	MAJ	OU T		
SUPERVISION					OUT	
<p><input checked="" type="checkbox"/> 24. Person in charge present and performs duties</p>					<p><input checked="" type="checkbox"/> 39. Thermometers provided and accurate</p>	
<p><input checked="" type="checkbox"/> 25. Personal cleanliness and hair restraints</p>					<p><input checked="" type="checkbox"/> 40. Wiping cloths; properly used and stored</p>	
<p><input checked="" type="checkbox"/> 26. Approved thawing methods used; frozen food</p>					<p><input checked="" type="checkbox"/> PHYSICAL FACILITIES</p>	
<p><input checked="" type="checkbox"/> 27. Food separated and protected</p>					<p><input checked="" type="checkbox"/> 41. Plumbing; proper backflow devices</p>	
<p><input checked="" type="checkbox"/> 28. Washing fruits and vegetables</p>					<p><input checked="" type="checkbox"/> 42. Garbage and refuse properly disposed; facilities maintained</p>	
<p><input checked="" type="checkbox"/> 29. Toxic substances properly identified, stored, used</p>					<p><input checked="" type="checkbox"/> 43. Toilet facilities: properly constructed, supplied, cleaned</p>	
FOOD STORAGE/ DISPLAY/ SERVICE					<p><input checked="" type="checkbox"/> 44. Premises; personal cleaning items, vermin-proofing</p>	
<p><input checked="" type="checkbox"/> 30. Food storage; food storage containers identified</p>					<p><input checked="" type="checkbox"/> PERMANENT FOOD FACILITIES</p>	
<p><input checked="" type="checkbox"/> 31. Consumer self-service</p>					<p><input checked="" type="checkbox"/> 45. Floor, walls and ceilings; built, maintained, and clean</p>	
<p><input checked="" type="checkbox"/> 32. Food properly labeled & honestly presented</p>					<p><input checked="" type="checkbox"/> 46. No unapproved private homes/ living or sleeping quarters</p>	
EQUIPMENT/ UTENSILS/ LINENS					<p><input checked="" type="checkbox"/> 47. Signs posted; last inspection report available</p>	
<p><input checked="" type="checkbox"/> 33. Nonfood contact surfaces clean</p>					<p><input checked="" type="checkbox"/> SIGNS/ REQUIREMENTS</p>	
<p><input checked="" type="checkbox"/> 34. Warewashing facilities; installed, maintained, used; test strips</p>					<p><input checked="" type="checkbox"/> 48. Plan Review</p>	
<p><input checked="" type="checkbox"/> 35. Equipment/ Utensils approved; installed; clean; good repair, capacity</p>					<p><input checked="" type="checkbox"/> 49. Permits Available</p>	
<p><input checked="" type="checkbox"/> 36. Equipment, utensils and linens; storage and use</p>					<p><input checked="" type="checkbox"/> 50. Impoundment</p>	
<p><input checked="" type="checkbox"/> 37. Vending machines</p>					<p><input checked="" type="checkbox"/> 51. Permit Suspension</p>	
<p><input checked="" type="checkbox"/> 38. Adequate ventilation and lighting; designated areas, use</p>						

Received by (Print) Mary Austin

Received by (Signature) Mary Austin

Title

Specialist (Print) Pat Sanders

Specialist (Signature) Pat Sanders

Re-inspection Date: