



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: 4/8/21

| | | |
|--|------------------------------|--|
| Facility Name: FARMSTEAD | Phone Number 259-4888 | PR ID # 1354 |
| Facility Site Address: 163 MAIN | City: CHESTER | Zip 96020 |
| Permit #: 20-1076 | Exp Date: 6/26/21 | Permit Holder: ROBERT & LORI RICE |
| | | Type of Inspection: SPECIAL |

See reverse side for the code sections and general requirements that correspond to each violation listed below **ROUTINE**

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: Lori Rice Exp. Date 6/23/25 | | | | |
| 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 | | | |
| ... | 9. Time as a public health control; procedures & records | | | |
| X | 10. Proper cooling methods | | | |
| X | 11. Proper cooking time & temperatures | | | |
| ... | 12. Proper reheating procedures for hot holding | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| X | 13. Returned 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)

Title

Email:

loririce57@gmail.com

Specialist (Print)

PAT SANDERS

Specialist (Signature)

Re-inspection Date: