



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: 4/8/21

Facility Name: <u>CRAWFORDS</u>	Phone Number: <u>258-2229</u>	PR ID # <u>120</u>
Facility Site Address: <u>278 MAIN</u>	City: <u>CHESTER</u>	Zip: <u>96020</u>
Permit #: _____	Exp Date: _____	Permit Holder: _____
		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
<b>DEMONSTRATION OF KNOWLEDGE</b>					
		1. Demonstration of knowledge; food safety certification			X
		Food Safety Cert Name: _____	Exp. Date _____		
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
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			
<b>PREVENTING CONTAMINATION BY HANDS</b>					
X		5. Hands clean and properly washed; gloves used properly			
X		6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
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			
<b>PROTECTION FROM CONTAMINATION</b>					
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			

<b>FOOD FROM APPROVED SOURCES</b>				
X		15. Food obtained from approved source		
	X	16. Compliance with shell stock tags, condition, display		
	X	17. Compliance with Gulf Oyster Regulations		
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
	X	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan		
<b>CONSUMER ADVISORY</b>				
X		19. Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>				
	X	20. Licensed health care facilities/ public & private schools; prohibited foods not offered		
<b>WATER/HOT WATER</b>				
X		21. Hot and cold water available		
<b>LIQUID WASTE DISPOSAL</b>				
X		22. Sewage and wastewater properly disposed		
<b>VERMIN</b>				
X		23. No rodents, insects, birds, or animals		

In	N/O-N/A		COS	MAJ	OUT
<b>SUPERVISION</b>					
		24. Person in charge present and performs duties			OUT
<b>PERSONAL CLEANLINESS</b>					
		25. Personal cleanliness and hair restraints			
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>					
		26. Approved thawing methods used, frozen food			
		27. Food separated and protected			
		28. Washing fruits and vegetables			
		29. Toxic substances properly identified, stored, used			
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>					
		30. Food storage; food storage containers identified			
		31. Consumer self-service			
		32. Food properly labeled & honestly presented			
<b>EQUIPMENT/ UTENSILS/ LINENS</b>					
		33. Nonfood contact surfaces clean			
		34. Warewashing facilities: installed, maintained, used; test strips			X
		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			

<b>PHYSICAL FACILITIES</b>				
		39. Thermometers provided and accurate		OUT
		40. Wiping cloths: properly used and stored		
<b>PERMANENT FOOD FACILITIES</b>				
		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		
<b>PERMANENT FOOD FACILITIES</b>				
		45. Floor, walls and ceilings: built, maintained, and clean		X
		46. No unapproved private homes/ living or sleeping quarters		
<b>SIGNS/ REQUIREMENTS</b>				
		47. Signs posted; last inspection report available		
<b>COMPLIANCE &amp; ENFORCEMENT</b>				
		48. Plan Review		
		49. Permits Available		
		50. Impoundment		
		51. Permit Suspension		

Received by (Print)

*Hedra Chavez*

Title

*Chief Officer*

Received by (Signature)

*[Signature]*

Specialist (Print)

*Pat Sanders*

Specialist (Signature)

*[Signature]*

Re-inspection Date:

Facility Name: <u>CRAWINGS</u>	FA ID # <u>120</u>	Pg <u>2</u> of <u>2</u>
		Date of Inspection: <u>4/8/21</u>

**OBSERVATIONS AND CORRECTIVE ACTIONS**

1. SUBMIT COPY OF CURRENT VALID FOOD SAFETY CERTIFICATION TO E.H. ONCE OBTAINED - NO LATER THAN 4/15/21
34. DISH WASHER NOT OBTAINING PROPER TEMP FOR DISINFECTION, 160°F MIN  
MANUALLY SANITIZE UNTIL UNIT REPAIRS
45. CLEAN AREAS UNDER EQUIPMENT ON A ROUTINE BASIS

Received by (Print)

*Heath Chene*

Title

*Chief Clerk*

Received by (Signature)

*[Signature]*

Specialist (Print)

PAT SANDERS

Specialist (Signature)

*[Signature]*

Re-inspection Date: