

## 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: 9/24/21

Facility Name: <u>PUSD Taylorsville Ele. Kitchen</u>		Phone Number: _____	PR ID #: <u>Pewaukee</u>
Facility Site Address: <u>4301 Nelson</u>		City: <u>TAYLORSVILLE</u>	Zip: <u>95983</u>
Permit #: <u>Pewaukee</u>	Exp Date: _____	Permit Holder: <u>PUSD</u>	Type of Inspection: <u>ROUTINE</u>

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

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		CO S	MAJ	OU T
<b>DEMONSTRATION OF KNOWLEDGE</b>					
	1. Demonstration of knowledge; food safety certification	<i>Will confirm @ home</i>			
Food Safety Cert Name:			Exp. Date		
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
<input checked="" type="checkbox"/>		2. Communicable disease; reporting, restrictions & exclusions			
<input checked="" type="checkbox"/>		3. No discharge from eyes, nose, and mouth			
		4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>					
<input checked="" type="checkbox"/>		5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>		6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
<input checked="" type="checkbox"/>		7. Proper hot and cold holding temperatures			
	<input checked="" type="checkbox"/>	8. Time as a public health control; procedures & records			
	<input checked="" type="checkbox"/>	9. Proper cooling methods			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures			
	<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding			
<b>PROTECTION FROM CONTAMINATION</b>					
<input checked="" type="checkbox"/>		12. Returned and re-service of food			
<input checked="" type="checkbox"/>		13. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>		14. Food contact surfaces: clean and sanitized			
In	N/O-N/A		CO S	MAJ	OU T


		<b>FOOD FROM APPROVED SOURCES</b>	
<input checked="" type="checkbox"/>		15. Food obtained from approved source	
	<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition, display	
	<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations	
		<b>CONFORMANCE WITH APPROVED PROCEDURES</b>	
	<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	
		<b>CONSUMER ADVISORY</b>	
	<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods	
		<b>Highly Susceptible Populations</b>	
<input checked="" type="checkbox"/>		20. Licensed health care facilities/ public & private schools; prohibited foods not offered	
		<b>WATER/HOT WATER</b>	
<input checked="" type="checkbox"/>		21. Hot and cold water available	
		Temp <i>120°F +</i>	
		<b>LIQUID WASTE DISPOSAL</b>	
<input checked="" type="checkbox"/>		22. Sewage and wastewater properly disposed	
		<b>VERMIN</b>	
<input checked="" type="checkbox"/>		23. No rodents, insects, birds, or animals	

<b>SUPERVISION</b>		<b>OUT</b>
24. Person in charge present and performs duties		
<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		
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>OUT</b>
39. Thermometers provided and accurate		
40. Wiping cloths: properly used and stored		
<b>PHYSICAL 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		
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)	Amber Lyman	Title
Received by (Signature)		
Specialist (Print)	Specialist (Signature)	Re-inspection Date:
PAT SANDRAS	