



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: 1/5/22

Facility Name: <u>SAFeway No. 262</u>	Phone Number <u>284-1404</u>	PR ID # <u>32</u>
Facility Site Address: <u>20 C. Main</u>	City: <u>Quincy</u>	Zip <u>95971</u>
Permit #: <u>21-019-F</u>	Exp Date: <u>2/1/22</u>	Permit Holder: <u>SAFeway Incorporated</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	CO S	MAJ	OU T
DEMONSTRATION OF KNOWLEDGE				
X	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>Meagan D. Bear</u> Exp. Date <u>9/25/21</u>				
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			

	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	

In	N/O-N/A	CO S	MAJ	OU T
SUPERVISION				
OUT				
24. Person in charge present and performs duties				
PERSONAL CLEANLINESS				
25. Personal cleanliness and hair restraints				
GENERAL FOOD SAFETY REQUIREMENTS				
26. Approved thawing methods used, frozen food <u>C.O.S. X</u>				
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				

	OUT
39. Thermometers provided and accurate	
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) <u>Michael Finneran</u>	Title <u>Store Director</u>
Received by (Signature) <u>MF</u>	
Specialist (Print) <u>Pat Sanders</u>	Specialist (Signature) <u>J. Hall</u>
Re-inspection Date:	

Facility Name: SAFEWAY

FA ID # 32

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OBSERVATIONS AND CORRECTIVE ACTIONS

26. ALL FROZEN FOODS TO BE THAWED IN ONE OF THE FOLLOWING WAYS:

- UNDER REFRIGERATION
- UNDER COOL RUNNING WATER IN A FOOD PREP SINK
- DURING COOKING.

A CHICKEN WAS OBSERVED THAWING IN A HAND WASH SINK IN DELI AREA.

VIOLATION CORRECTED @ TIME OF INSPECTION

- OVERALL SANITATION HAS BEEN SIGNIFICANTLY IMPROVED SINCE PREVIOUS
INSPECTION

Received by (Print) Michael Finneran

Title Store Director

Received by (Signature) MF

Specialist (Print) PAT SANDERS

Specialist (Signature) JH

Re-inspection Date: