



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: 2/28/22

Facility Name: <u>POLKA DOT</u>	Phone Number: <u>616-1700</u>	PR ID #
Facility Site Address: <u>2043 E. MAIN</u>	City: <u>QUINCY</u>	Zip: <u>95971</u>
Permit #: <u>PENDING</u>	Exp Date:	Permit Holder:
		Type of Inspection: <u>PRE-OPEN</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
DEMONSTRATION OF KNOWLEDGE					
X		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>BRENDAN MOORE</u> Exp. Date: <u>11/20/25</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		X
LIQUID WASTE DISPOSAL				
X		22. Sewage and wastewater properly disposed		
VERMIN				
X		23. No rodents, insects, birds, or animals		

In	N/O-N/A		COS	MAJ	OUT
SUPERVISION					
		24. Person in charge present and performs duties			OUT
PERSONAL CLEANLINESS					
		25. Personal cleanliness and hair restraints			
GENERAL FOOD SAFETY REQUIREMENTS					
		26. Approved thawing methods used; frozen food			
		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			

		39. Thermometers provided and accurate		OUT
		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) Brendan Moore

Title

Received by (Signature) [Signature]

Specialist (Print) PAT SANDERS

Specialist (Signature) [Signature]


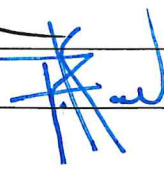
Re-inspection Date:

OBSERVATIONS AND CORRECTIVE ACTIONS

21. ADEQUATE SUPPLY OF HOT WATER IN FACILITY - NEW OWNERS IN PROCESS TO GET HOT WATER TO CUSTOMERS RESTROOM - TO BE COMPLETED W/IN 30 DAYS

SERVE SAFE = BRENDAN MOORE
CERT # 20009425
EXP 11/20/25

APPROVED TO OPERATE 2/28/21

Received by (Print) <u>Brendan Moore</u>	Title
Received by (Signature) 	
Specialist (Print) <u>PAT SANDERS</u>	Specialist (Signature)  Re-inspection Date: