



PLUMAS COUNTY
pg 1 of ____
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: 4/8/22

Facility Name: <u>Quincy Market & Gas</u>	Phone Number _____	PR ID # <u>137</u>
Facility Site Address: <u>822 98 E. Main</u>	City: <u>Quincy</u>	Zip <u>95971</u>
Permit #: <u>PER0104</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 **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	CO S	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>Now-Prep</u> Exp. Date _____				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions			
<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth			
<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS				
<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"/>	10. Proper cooking time & temperatures			
<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION				
<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	OUT

FOOD FROM APPROVED SOURCES			
<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		
CONFORMANCE WITH APPROVED PROCEDURES			
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan		
CONSUMER ADVISORY			
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations			
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered		
WATER/HOT WATER			
<input checked="" type="checkbox"/>	21. Hot and cold water available	Temp _____	
LIQUID WASTE DISPOSAL			
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed		
VERMIN			
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals		

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		
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		

PHYSICAL FACILITIES		OUT
39. Thermometers provided and accurate		
40. Wiping cloths: properly used and stored		
PERMANENT FOOD 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		
SIGNS/ REQUIREMENTS		
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>Robin McKay</u>	Title _____
Received by (Signature) <u>Robin McKay</u>	
Specialist (Print) <u>PAT SANDERS</u>	Specialist (Signature) <u>J. H. Hall</u>
Re-inspection Date: _____	

41. INSTALL A VACUUM BREAKER ON 3-COMPARTMENT SINK WHERE HOSE IS ON SPIGOT
TO PREVENT BACKFLOW INTO WATER DISTRIBUTION SYSTEM