



PLUMAS COUNTY
ENVIRONMENTAL HEALTH DIVISION
FOOD SAFETY EVALUATION REPORT
270 County Hospital Rd., Ste 127 Quincy, CA 95971
Phone: (530) 283-6355 FAX (530) 283-6241

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Date of Inspection: 5/3/22

Facility Name: <u>THE Valley Grind MFF</u>	Phone Number <u>394-9283</u>	PR ID # _____
Facility Site Address: <u>200 CRESSENT</u>	City: <u>GREENVILLE</u>	Zip <u>95947</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				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>RACHAEL GOINGS</u> Exp. Date <u>5/18/26</u>				
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	COS	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 <u>available</u>		
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>Rachael Goings</u>	Title _____
Received by (Signature) <u>Rachael Goings</u>	
Specialist (Print) <u>PAT SANDERS</u>	Specialist (Signature) <u>PS</u>
Re-inspection Date: _____	

Facility Name: THE VALLEY GRIND

FA ID # 2002

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OBSERVATIONS AND CORRECTIVE ACTIONS

1. PLACE SIGNAGE ON ALL SIDES OF UNIT IDENTIFYING Owner, Address, Phone #.

Post NO SMOKING SIGN

THE MFF HAS BEEN HAND PUMPED BOTH SEWER & WATER - INDIAN
VALLEY CSD.

Facility Approved For Operation

Received by (Print)

Rachael Gigns

Title

Received by (Signature)

Rachael gigns

Specialist (Print)

PAT SANDS

Specialist (Signature)

H. Hall

Re-inspection Date: