



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: 5/27/2022

Q Komoros Farmer's Market

Facility Name: <u>Quincy Provisions</u>	Phone Number _____	PR ID # <u>490</u>
Facility Site Address: <u>Temp Food Fac</u>	City: <u>Plumas Co</u>	Zip _____
Permit #: <u>22-490-VE</u>	Exp Date: <u>6/25/23</u>	Permit Holder: <u>Frank &amp; Amy Carey</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	COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification <input type="checkbox"/>				
Food Safety Cert Name: _____ Exp. Date _____				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/> 2. Communicable disease; reporting, restrictions & exclusions <input type="checkbox"/>				
<input checked="" type="checkbox"/> 3. No discharge from eyes, nose, and mouth <input type="checkbox"/>				
<input checked="" type="checkbox"/> 4. Proper eating, tasting, drinking or tobacco use <input type="checkbox"/>				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly <input type="checkbox"/>				
<input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible <input type="checkbox"/> <input checked="" type="checkbox"/>				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/> 7. Proper hot and cold holding temperatures <input type="checkbox"/> <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 8. Time as a public health control; procedures & records <input type="checkbox"/>				
<input checked="" type="checkbox"/> 9. Proper cooling methods <input type="checkbox"/>				
<input checked="" type="checkbox"/> 10. Proper cooking time & temperatures <input type="checkbox"/>				
<input checked="" type="checkbox"/> 11. Proper reheating procedures for hot holding <input type="checkbox"/>				
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/> 12. Returned and re-service of food <input type="checkbox"/> <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 13. Food in good condition, safe and unadulterated <input type="checkbox"/>				
<input checked="" type="checkbox"/> 14. Food contact surfaces: clean and sanitized <input type="checkbox"/> <input checked="" type="checkbox"/>				
<b>FOOD FROM APPROVED SOURCES</b>				
<input checked="" type="checkbox"/> 15. Food obtained from approved source <input type="checkbox"/>				
<input checked="" type="checkbox"/> 16. Compliance with shell stock tags, condition, display <input type="checkbox"/>				
<input checked="" type="checkbox"/> 17. Compliance with Gulf Oyster Regulations <input type="checkbox"/>				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input type="checkbox"/>				
<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods <input type="checkbox"/> <input checked="" type="checkbox"/>				
<b>Highly Susceptible Populations</b>				
<input checked="" type="checkbox"/> 20. Licensed health care facilities/ public & private schools; prohibited foods not offered <input type="checkbox"/>				
<b>WATER/HOT WATER</b>				
<input checked="" type="checkbox"/> 21. Hot and cold water available <i>NA</i> Temp <input type="checkbox"/>				
<b>LIQUID WASTE DISPOSAL</b>				
<input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed <input type="checkbox"/>				
<b>VERMIN</b>				
<input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals <input type="checkbox"/>				

<b>SUPERVISION</b>		OUT
24. Person in charge present and performs duties <input type="checkbox"/>		
<b>PERSONAL CLEANLINESS</b>		
25. Personal cleanliness and hair restraints <input type="checkbox"/>		
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		
26. Approved thawing methods used, frozen food <input type="checkbox"/>		
27. Food separated and protected <input type="checkbox"/>		
28. Washing fruits and vegetables <input type="checkbox"/>		
29. Toxic substances properly identified, stored, used <input type="checkbox"/>		
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>		
30. Food storage; food storage containers identified <input type="checkbox"/>		
31. Consumer self-service <input type="checkbox"/> <input checked="" type="checkbox"/>		
32. Food properly labeled & honestly presented <input type="checkbox"/> <input checked="" type="checkbox"/>		
<b>EQUIPMENT/ UTENSILS/ LINENS</b>		
33. Nonfood contact surfaces clean <input type="checkbox"/>		
34. Warewashing facilities: installed, maintained, used; test strips <input type="checkbox"/>		
35. Equipment/ Utensils approved; installed; clean; good repair, capacity <input type="checkbox"/>		
36. Equipment, utensils and linens: storage and use <input type="checkbox"/>		
37. Vending machines <input type="checkbox"/>		
38. Adequate ventilation and lighting; designated areas, use <input type="checkbox"/>		
<b>PHYSICAL FACILITIES</b>		OUT
39. Thermometers provided and accurate <input type="checkbox"/>		
40. Wiping cloths: properly used and stored <input type="checkbox"/>		
<b>PERMANENT FOOD FACILITIES</b>		
41. Plumbing: proper backflow devices <input type="checkbox"/>		
42. Garbage and refuse properly disposed; facilities maintained <input type="checkbox"/>		
43. Toilet facilities: properly constructed, supplied, cleaned <input type="checkbox"/>		
44. Premises; personal/cleaning items; vermin-proofing <input type="checkbox"/>		
<b>SIGNS/ REQUIREMENTS</b>		
45. Floor, walls and ceilings: built, maintained, and clean <input type="checkbox"/>		
46. No unapproved private homes/ living or sleeping quarters <input type="checkbox"/>		
<b>SIGNS/ REQUIREMENTS</b>		
47. Signs posted; last inspection report available <input type="checkbox"/>		
<b>COMPLIANCE &amp; ENFORCEMENT</b>		
48. Plan Review <input type="checkbox"/>		
49. Permits Available <input type="checkbox"/>		
50. Impoundment <input type="checkbox"/>		
51. Permit Suspension <input type="checkbox"/>		

Received by (Print) <u>Victor Oshakoff</u>	Title _____
Received by (Signature) <u>Victor Oshakoff</u>	
Specialist (Print) <u>Jerry Sipe</u>	Specialist (Signature) <u>Mark Oshakoff</u>
Re-inspection Date: <u>Future events</u>	

\* Provide hand wash station at booth for future events  
Hand soap & disposable, single use towels.

## OBSERVATIONS AND CORRECTIVE ACTIONS

14. Please use food-grade sanitizer instead of baby wipes for disinfection of food contact surfaces.

7. Please provide warming over for hot holding of prepared pizzas. Display case in use is for pastries/non-perishables. Alternatively, we can consider time/temperature control with appropriate records. Provide thermometer.

82. Please provide label with ingredients listed for food package for take-out. Ingredients list on table is acceptable or label each container.

16. Provide hand wash station at booth. Use nearby fixed sink for this week as interim option

Received by (Print)

Victor Usharoff

Title

Received by (Signature)

W. Usharoff

Specialist (Print)

Jerry Sipe

Specialist (Signature)

H. Sipe

Re-inspection Date:

Next event