



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 Aug 22

Facility Name: <u>OLIO INNE (TPE)</u>	Phone Number <u>(707)742-8511</u>
Facility Site Address: <u>280 LOWER MARY</u>	PR ID # <u>435</u>
Zip <u>96106</u>	Type of Inspection: <u>Pre-opening</u>
Permit #: <u>P-2024</u>	Exp Date: <u>6/8/26</u>
Permit Holder: <u>ALMENA MARQUEA</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>				
X	1. Demonstration of knowledge; food safety certification	<input checked="" type="checkbox"/>		
Food Safety Cert Name: <u>ALMENA MARQUEA</u> Exp. Date: <u>6/8/26</u>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
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	<input checked="" type="checkbox"/>		
<b>PREVENTING CONTAMINATION BY HANDS</b>				
X	5. Hands clean and properly washed; gloves used properly			
X	6. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>		
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
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			
<b>PROTECTION FROM CONTAMINATION</b>				
X	12. Returned and re-service of food	<input checked="" type="checkbox"/>		
X	13. Food in good condition, safe and unadulterated			
X	14. Food contact surfaces: clean and sanitized			

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
X	15. Food obtained from approved source			
X	16. Compliance with shell stock tags, condition, display			
X	17. Compliance with Gulf Oyster Regulations			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
X	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<b>CONSUMER ADVISORY</b>				
X	19. Consumer advisory provided for raw or undercooked foods	<input checked="" type="checkbox"/>		
<b>Highly Susceptible Populations</b>				
X	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>				
X	21. Hot and cold water available	Temp _____		
<b>LIQUID WASTE DISPOSAL</b>				
X	22. Sewage and wastewater properly disposed			
<b>VERMIN</b>				
X	23. No rodents, insects, birds, or animals			

<b>SUPERVISION</b>		OUT
24. Person in charge present and performs duties		
<b>PERSONAL CLEANLINESS</b>		
25. Personal cleanliness and hair restraints		
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		
26. Approved thawing methods used; frozen food		
27. Food separated and protected		
28. Washing fruits and vegetables		
29. Toxic substances properly identified, stored, used		
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>		
30. Food storage; food storage containers identified		
31. Consumer self-service		
32. Food properly labeled & honestly presented		
<b>EQUIPMENT/ UTENSILS/ LINENS</b>		
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		

<b>PHYSICAL FACILITIES</b>		OUT
39. Thermometers provided and accurate		
40. Wiping cloths: properly used and stored		
<b>PERMANENT FOOD FACILITIES</b>		
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		
<b>SIGNS/ REQUIREMENTS</b>		
47. Signs posted; last inspection report available		
<b>COMPLIANCE &amp; ENFORCEMENT</b>		
48. Plan Review		
49. Permits Available		
50. Impoundment		
51. Permit Suspension		

Received by (Print)

FERNANDA MARQUEA

Title

Received by (Signature)

Yung  
Specialist (Signature)

Specialist (Print)

J. Rob (Roberto) M. M. E.

Re-inspection Date:

Facility Name: ALLI INDY (THE)

PL  
Fac ID #

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Date of Inspection:

OBSERVATIONS AND CORRECTIVE ACTIONS

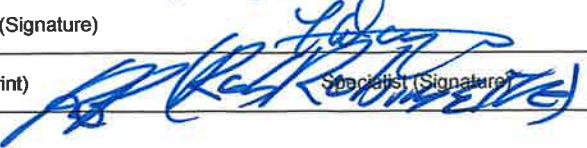
THIS FACILITY IS APPROVED FOR OPERATION

Received by (Print)

FLETCHER DARGENT

Title

Received by (Signature)



Specialist (Print)

Re-inspection Date: