



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: 10/14/22

|                        |                          |              |                                |                |       |
|------------------------|--------------------------|--------------|--------------------------------|----------------|-------|
| Facility Name:         | Quincy Elementary School | Phone Number | 283-6560                       | PR ID #        |       |
| Facility Site Address: | 246 Alder St             | City:        | Quincy                         | Zip            | 95971 |
| Permit #:              | 22-118                   | Exp Date:    | 12/28/2023                     | Permit Holder: | PUSD  |
|                        |                          |              | Type of Inspection:<br>Routine |                |       |

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      |         |     |     |     |
| Food Safety Cert Name: Kimberly Smarely Exp. Date 5/20/27                                         |         |     |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>                                                   |         |     |     |     |
| <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            |         |     |     |     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>                                                          |         |     |     |     |
| <input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly      |         |     |     |     |
| <input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible      |         |     |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>                                                         |         |     |     |     |
| <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               |         |     |     |     |
| <b>PROTECTION FROM CONTAMINATION</b>                                                              |         |     |     |     |
| <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 |
|---------------------------------------------------------------------------------------------------------------------------------|---------|-----|-----|-----|
| <b>FOOD FROM APPROVED SOURCES</b>                                                                                               |         |     |     |     |
| <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                                                 |         |     |     |     |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b>                                                                                     |         |     |     |     |
| <input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |         |     |     |     |
| <b>CONSUMER ADVISORY</b>                                                                                                        |         |     |     |     |
| <input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods                                 |         |     |     |     |
| <b>Highly Susceptible Populations</b>                                                                                           |         |     |     |     |
| <input checked="" type="checkbox"/> 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |         |     |     |     |
| <b>WATER/HOT WATER</b>                                                                                                          |         |     |     |     |
| <input checked="" type="checkbox"/> 21. Hot and cold water available Temp 2120°F                                                |         |     |     |     |
| <b>LIQUID WASTE DISPOSAL</b>                                                                                                    |         |     |     |     |
| <input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed                                                 |         |     |     |     |
| <b>VERMIN</b>                                                                                                                   |         |     |     |     |
| <input checked="" type="checkbox"/> 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      |  | <input checked="" type="checkbox"/> |
| 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              |  |                                     |

| OUT                                                             |
|-----------------------------------------------------------------|
| 39. Thermometers provided and accurate                          |
| 40. Wiping cloths: properly used and stored                     |
| <b>PHYSICAL 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>PERMANENT FOOD FACILITIES</b>                                |
| 45. Floor, walls and ceilings: built, maintained, and clean     |
| 46. No unapproved private homes/ living or sleeping quarters    |
| <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)

Title

Received by (Signature)

Specialist (Print)

Specialist (Signature)

Re-inspection Date:

Next Routine

Facility Name: Quincy Elementary

FA ID # \_\_\_\_\_

Pg 2 of 2

Date of Inspection:

**OBSERVATIONS AND CORRECTIVE ACTIONS**

34. Dishwashing machine was found to lack sanitizer on final rinse. Provide 50 ppm chlorine at dishes - Repair needed.

Otherwise good sanitation and food handling practices at time of inspection.

Thank you for your commitment to food safety!

Received by (Print)

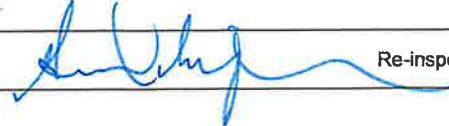
Title

Received by (Signature)



Specialist (Print)

Specialist (Signature)



Re-inspection Date:

next routine