



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: 11/9/2022

Facility Name: Sign - Mar Foods Facility Site Address: 1947 E Main St City: Quincy Phone Number 283-7370 PR ID # 2061  
Facility Site Address: 1947 E Main St City: Quincy Zip 95971  
Permit #: 22-1074 Exp Date: 5/1/23 Permit Holder: North State Grocery Type of Inspection: 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: <u>David Tems</u>	Exp. Date <u>4/18/2023</u>			
<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 <u>- No hot water meat strip</u>			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures <u>Good temps</u>			
<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 <u>112°F (120° min)</u>				
<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			

24. Person in charge present and performs duties	OUT
<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 <u>out of sanitizer</u>	
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	

39. Thermometers provided and accurate	OUT
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)

Freddy Holman

Title

Received by (Signature)

Specialist (Print)

Jerry Spe

Specialist (Signature)

Sh. Wip

Re-inspection Date:

Next routine

## OBSERVATIONS AND CORRECTIVE ACTIONS

Observed good food temperatures throughout facility. Staff was very cooperative to make changes to existing practices to improve food safety as follows:

34. Please develop written procedure to ensure utensil sanitization in meat department. Process utensils dirty to clean as follows

Warm soapy wash → clear rinse → sanitize 200 ppm Ammonia immersion → air dry

40. Please set up a sanitizer bucket for wiping cloths from ECO-LAB dispenser 200 ppmquat ammonia or 100 ppm chlorine bleach

16. Be sure to keep live shell fish tags 90 days from date of harvest.

6. Repair hot water faucet / handle for hand sink in meat department.

Received by (Print)

## Title

Received by (Signature)

*[Handwritten signature]*  
Specialist (Signature) *[Handwritten checkmark]*

### Specialist (Print)

Specialist (Signature)

Re-inspection Date: Next review