



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

pg 1 of 1

Date of Inspection: 2/17/23

Facility Name: <b>LEONARDO'S MARKET</b>	Phone Number: _____	PR ID #: <b>193</b>
Facility Site Address: <b>88 W. Sierra</b>	City: <b>Beta</b>	Zip: <b>96122</b>
Permit #: <b>23-160</b>	Exp Date: <b>2/4/24</b>	Permit Holder: <b>MARCOTT - GARZA</b>
		Type of Inspection: <b>Routine</b>

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"/>	<input checked="" type="checkbox"/>			
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <b>Rhonda Deliz</b> Exp. Date: <b>10/27/25</b>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
2. Communicable disease; reporting, restrictions & exclusions				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
3. No discharge from eyes, nose, and mouth				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
4. Proper eating, tasting, drinking or tobacco use				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
5. Hands clean and properly washed; gloves used properly				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
6. Adequate handwashing facilities supplied & accessible				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
7. Proper hot and cold holding temperatures				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
8. Time as a public health control; procedures & records				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
9. Proper cooling methods				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
10. Proper cooking time & temperatures				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
11. Proper reheating procedures for hot holding				
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
12. Returned and re-service of food				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
13. Food in good condition, safe and unadulterated				
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>			
15. Food obtained from approved source				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
16. Compliance with shell stock tags, condition, display				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
17. Compliance with Gulf Oyster Regulations				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
19. Consumer advisory provided for raw or undercooked foods				
<b>Highly Susceptible Populations</b>				
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>			
21. Hot and cold water available Temp _____				
<b>LIQUID WASTE DISPOSAL</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
23. No rodents, insects, birds, or animals				

In	N/O-N/A	COS	MAJ	OUT
<b>SUPERVISION</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
24. Person in charge present and performs duties				
<b>PERSONAL CLEANLINESS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
25. Personal cleanliness and hair restraints				
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
26. Approved thawing methods used, frozen food				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
27. Food separated and protected				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
28. Washing fruits and vegetables				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
29. Toxic substances properly identified, stored, used				
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
30. Food storage; food storage containers identified				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
31. Consumer self-service				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
32. Food properly labeled & honestly presented				
<b>EQUIPMENT/ UTENSILS/ LINENS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
33. Nonfood contact surfaces clean				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
34. Warewashing facilities: installed, maintained, used; test strips				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
35. Equipment/ Utensils approved; installed; clean; good repair, capacity				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
36. Equipment, utensils and linens: storage and use				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
37. Vending machines				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
38. Adequate ventilation and lighting, designated areas, use				

In	N/O-N/A	COS	MAJ	OUT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
39. Thermometers provided and accurate				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
40. Wiping cloths: properly used and stored				
<b>PHYSICAL FACILITIES</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
41. Plumbing: proper backflow devices				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
42. Garbage and refuse properly disposed; facilities maintained				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
43. Toilet facilities: properly constructed, supplied, cleaned				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
44. Premises; personal/cleaning items; vermin-proofing				
<b>PERMANENT FOOD FACILITIES</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
45. Floor, walls and ceilings: built, maintained, and clean				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
46. No unapproved private homes/ living or sleeping quarters				
<b>SIGNS/ REQUIREMENTS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
47. Signs posted; last inspection report available				
<b>COMPLIANCE &amp; ENFORCEMENT</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
48. Plan Review				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
49. Permits Available				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
50. Impoundment				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
51. Permit Suspension				

Received by (Print) <b>Jim Webb</b>	Title <b>Store Mgr</b>
Received by (Signature)	
Specialist (Print) <b>PAT SAUNDERS</b>	Specialist (Signature)
Re-inspection Date: _____	

LONG TERM GOAL: REPAIR/ REPLACE FLOORING IN WALK-IN FREEZER UNIT