



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 2

Date of Inspection: 12/30/2022

Facility Name: <i>La Cabanya</i>	Phone Number: <i>283-3338</i>	PR ID #: <i>143</i>
Facility Site Address: <i>1730 E. Main St</i>	City: <i>Quincy</i>	Zip: <i>95971</i>
Permit #: <i>22-109</i>	Exp Date: <i>9/12/23</i>	Permit Holder: <i>Celedonia Santos</i>
		Type of Inspection: <i>Routine</i>

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
DEMONSTRATION OF KNOWLEDGE		
<input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification		
Food Safety Cert Name: <i>Li Xia Mai</i>	Exp. Date: <i>12/30/2025</i>	
EMPLOYEE HEALTH & HYGIENIC PRACTICES		
<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		
PREVENTING CONTAMINATION BY HANDS		
<input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly		
<input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible <i>Using sink by dish washer</i>		
TIME AND TEMPERATURE RELATIONSHIPS		
<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		
PROTECTION FROM CONTAMINATION		
<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		
FOOD FROM APPROVED SOURCES		
<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		
CONFORMANCE WITH APPROVED PROCEDURES		
<input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan		
CONSUMER ADVISORY		
<input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations		
<input checked="" type="checkbox"/> 20. Licensed health care facilities/ public & private schools; prohibited foods not offered		
WATER/HOT WATER		
<input checked="" type="checkbox"/> 21. Hot and cold water available Temp <i>120°F</i>		
LIQUID WASTE DISPOSAL		
<input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed		
VERMIN		
<input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals		

SUPERVISION		OUT
24. Person in charge present and performs duties		
PERSONAL CLEANLINESS		
25. Personal cleanliness and hair restraints		
GENERAL FOOD SAFETY REQUIREMENTS		
26. Approved thawing methods used, frozen food		<input checked="" type="checkbox"/>
27. Food separated and protected		
28. Washing fruits and vegetables		
29. Toxic substances properly identified, stored, used		
FOOD STORAGE/ DISPLAY/ SERVICE		
30. Food storage; food storage containers identified <i>(dates)</i>		<input checked="" type="checkbox"/>
31. Consumer self-service		
32. Food properly labeled & honestly presented		
EQUIPMENT/ UTENSILS/ LINENS		
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		
PHYSICAL FACILITIES		
39. Thermometers provided and accurate		
40. Wiping cloths: properly used and stored		
PERMANENT FOOD FACILITIES		
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		
SIGNS/ REQUIREMENTS		
45. Floor, walls and ceilings: built, maintained, and clean		
46. No unapproved private homes/ living or sleeping quarters		
COMPLIANCE & ENFORCEMENT		
47. Signs posted; last inspection report available		
48. Plan Review		
49. Permits Available		
50. Impoundment		
51. Permit Suspension		

Received by (Print)

Celedonia Santos

Title

Received by (Signature)

Jerry Sipe

Specialist (Signature)

Shelby

Re-inspection Date

Next routine

OBSERVATIONS AND CORRECTIVE ACTIONS

Kitchen was clean and organized at time of inspection. No major food safety violations were observed at time of inspection. Please continue working to improve the following:

26. Thaw foods under refrigeration, in microwave, while cooking, or under running water. Observed frozen ground beef, chicken and fish thawing in food prep sink.

30. Please continue working to date foods prepared and held under refrigeration for later use. Found various foods covered but not dated.

Carpeted rear storeroom use is limited to unopened, prepackaged foods. Caledonia explained storage building outside will be repainted with smooth, cleanable, walls & floors so inside space can be used for customer seating. Please call Env Health for pre-approval before storing foods in this new outdoor bldg.

Thank you for your commitment to food safety!

Received by (Print)

Caledonia Santos

Title

OWNER

Received by (Signature)

Jerry Sipe

Specialist (Signature)

Mark Whalen

Specialist (Print)

Re-inspection Date:

Next routine