



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: 3/3/23

| | | |
|--|------------------------------|------------------------------------|
| Facility Name: <u>Happy Garden</u> | Phone Number <u>258-2395</u> | PR ID # <u>168</u> |
| Facility Site Address: <u>605 MAIN</u> | City: <u>CHESTER</u> | Zip <u>96020</u> |
| Permit #: <u>23-136</u> | Exp Date: <u>11/23/23</u> | Permit Holder: <u>LAC HENG</u> |
| | | Type of Inspection: <u>ROUTINE</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 | |
| DEMONSTRATION OF KNOWLEDGE | | | | | |
| X 1. Demonstration of knowledge; food safety certification | | | | | |
| Food Safety Cert Name: <u>LAC HENG</u> Exp. Date <u>6/18/25</u> | | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | |
| 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 | | | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | | |
| X 5. Hands clean and properly washed; gloves used properly | | | | | |
| X 6. Adequate handwashing facilities supplied & accessible | | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | |
| 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 | | | | | |
| PROTECTION FROM CONTAMINATION | | | | | |
| X 12. Returned and re-service of food | | | | | |
| X 13. Food in good condition, safe and unadulterated | | | | | |
| X 14. Food contact surfaces: clean and sanitized | | | | | |
| FOOD FROM APPROVED SOURCES | | | | | |
| X 15. Food obtained from approved source | | | | | |
| X 16. Compliance with shell stock tags, condition, display | | | | | |
| X 17. Compliance with Gulf Oyster Regulations | | | | | |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | | |
| X 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | | | |
| CONSUMER ADVISORY | | | | | |
| X 19. Consumer advisory provided for raw or undercooked foods | | | | | |
| Highly Susceptible Populations | | | | | |
| X 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | | | |
| WATER/HOT WATER | | | | | |
| X 21. Hot and cold water available | | | | | |
| Temp _____ | | | | | |
| LIQUID WASTE DISPOSAL | | | | | |
| X 22. Sewage and wastewater properly disposed | | | | | |
| VERMIN | | | | | |
| X 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 | | |
| 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 | | |
| 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) | <u>LAC HENG</u> | Title |
| Received by (Signature) | <u>Lac Heng</u> | |
| Specialist (Print) | <u>PAT SAUERS</u> | Re-inspection Date: |
| Specialist (Signature) | <u>#</u> | |

Facility Name: HAPPY GARAGEFAID # 168Pg 2 of 2Date of Inspection: 3/3/23

OBSERVATIONS AND CORRECTIVE ACTIONS

45. THE FACILITY CONTINUES TO STRUGGLE W/ SANITATION. FACILITY NEEDS A DEEP CLEANSE INITIALLY & THEN CONTINUE TO CLEAN FACILITY ON ROUTINE BASIS.

PAY ATTENTION TO AREAS UNDER EQUIPMENT & HARD TO REACH AREAS TO ELIMINATE FOOD DEBRIS WHICH CAN CAUSE VERTE ISSUES

Received by (Print)

LAC HENG

Title

Received by (Signature)

Lac heng

Specialist (Print)

PAT SANDERS

Specialist (Signature)

Re-inspection Date: