



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: 3/10/23

Facility Name: <u>Senior Nutrition - Portola</u>	Phone Number: _____	PR ID #: <u>261</u>
Facility Site Address: <u>449 Sierra Ave</u>	City: <u>Portola</u>	Zip: _____
Permit #: <u>22-228</u>	Exp Date: <u>Pending</u>	Permit Holder: <u>Plumas County Public Health</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				
	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>Maria Caceres</u>		Exp. Date: <u>8/13/23</u>		
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
	2. Communicable disease; reporting, restrictions & exclusions			
	3. No discharge from eyes, nose, and mouth			
	4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS				
	5. Hands clean and properly washed; gloves used properly			
	6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS				
	7. Proper hot and cold holding temperatures			
	8. Time as a public health control; procedures & records			
	9. Proper cooling methods			
	10. Proper cooking time & temperatures			
	11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION				
	12. Returned and re-service of food			
	13. Food in good condition, safe and unadulterated			
	14. Food contact surfaces: clean and sanitized			

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
	15. Food obtained from approved source			
	16. Compliance with shell stock tags, condition, display			
	17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES				
	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY				
	19. Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations				
	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER				
	21. Hot and cold water available			
LIQUID WASTE DISPOSAL				
	22. Sewage and wastewater properly disposed			
VERMIN				
	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		

39. Thermometers provided and accurate		OUT
40. Wiping cloths: properly used and stored		
PHYSICAL 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		
PERMANENT FOOD FACILITIES		
45. Floor, walls and ceilings: built, maintained, and clean		
46. No unapproved private homes/ living or sleeping quarters		
SIGNS/ REQUIREMENTS		
47. Signs posted; last inspection report available		
COMPLIANCE & ENFORCEMENT		
48. Plan Review		
49. Permits Available		
50. Impoundment		
51. Permit Suspension		

Received by (Print) Carmen J Caceres

Title

Received by (Signature) _____

Specialist (Print) Dennis Fick

Specialist (Signature) _____

Re-inspection Date:

OBSERVATIONS AND CORRECTIVE ACTIONS

1. Food Safety Cert is in progress/expired.
~~Proper~~ Proper dishwashing + sanitizing process was not adequately established (conflicting signage at the sinks) and general training in equipment may be needed (^{dishwashers} sanitizer was depleted at time of inspection). non-food grade, non-commercial cleaner was being used.
6. Disposable towels should be supplied at all employee handwashing sinks. Mounted towel rails is good practice.
30. Stacked, ^{uncovered} pans with meat patties, sauce, etc were observed in a fridge adjacent to the kitchen. Please cover, date, and avoid double/triple stacking pans containing foods.
34. Sanitizer must be refilled for the dishwasher. - residual water was found to contain little to no sanitizer after cycle. Wrong test strips are provided ~~than~~ and likely unused.

Received by (Print)

Carmen Cacer

Title

Received by (Signature)



Specialist (Print)

Dennis Eck

Specialist (Signature)



Re-inspection Date: