



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>Portola Valero</u>	Phone Number:	<u>832-4475</u>	PR ID #	<u>181</u>
Facility Site Address:	<u>16 E. Sierra St</u>	City:	<u>Portola</u>	Zip:	
Permit #:	<u>22-148</u>	Exp Date:	<u>6/24/23</u>	Permit Holder:	<u>Balwander Sodha</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 <input checked="" type="checkbox"/>				
Food Safety Cert Name: <u>Debby</u> Exp. Date				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
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 <input checked="" type="checkbox"/>				
PREVENTING CONTAMINATION BY HANDS				
5. Hands clean and properly washed; gloves used properly <input checked="" type="checkbox"/>				
6. Adequate handwashing facilities supplied & accessible <input checked="" type="checkbox"/>				
TIME AND TEMPERATURE RELATIONSHIPS				
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 <input checked="" type="checkbox"/>				
PROTECTION FROM CONTAMINATION				
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 <input checked="" type="checkbox"/>				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
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 <input checked="" type="checkbox"/>				
CONFORMANCE WITH APPROVED PROCEDURES				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input checked="" type="checkbox"/>				
CONSUMER ADVISORY				
19. Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/>				
Highly Susceptible Populations				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered <input checked="" type="checkbox"/>				
WATER/HOT WATER				
21. Hot and cold water available Temp <u>120°F+</u> <input checked="" type="checkbox"/>				
LIQUID WASTE DISPOSAL				
22. Sewage and wastewater properly disposed <input checked="" type="checkbox"/>				
VERMIN				
23. No rodents, insects, birds, or animals <input checked="" type="checkbox"/>				

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 <input checked="" type="checkbox"/>		
31. Consumer self-service <input checked="" type="checkbox"/>		
32. Food properly labeled & honestly presented <input checked="" type="checkbox"/>		
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		

		OUT
39. Thermometers provided and accurate		
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): Autumn McGraw
Received by (Signature): Autumn McGraw
Specialist (Print): Dennis Eck Specialist (Signature):

Title

Re-inspection Date:

1.) Please provide Food Safety Manager Certification.
 3.) Please label foods w/ dates prepared or other system
 32.) Donuts in front of shop should have label of their source.

* 14.) Please provide an approved sanitizer
 1. Quaternary Ammonium
 2. Chlorine
 3. Iodine