



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: 5/4/23

Facility Name: KONINKRISTIL KOFFIE Phone Number 259-4221
Facility Site Address: _____ City: _____ Zip 96021

PR ID # 1360

Permit #: 22-1081 Exp Date: 5/21/23 Permit Holder: RACHEL BETZLER

Type of Inspection:
ROUTINE

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: <u>RACHEL BETZLER</u>	Exp. Date <u>9/27/23</u>			
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			
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			

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

Received by (Print) Rachel Betzler

Title

Received by (Signature) Rachel Betzler

Specialist (Print) PAT SANDERS

Specialist (Signature) (Signature)

Re-inspection Date:

Facility Name:

KOPINKRISTIK KOFFIC

FA ID # 1360

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OBSERVATIONS AND CORRECTIVE ACTIONS

45. REDUCE CLUTTER IN PREP AREA TO EXPEDITE CLEANING. ACCUMULATION OF DEBRIS MAINLY ON FLOOR OBSERVED

Received by (Print)

Rachel Betzler

Title

Received by (Signature)

Rachel Betzler

Specialist (Print)

Pat Samases

Specialist (Signature)

[Signature]

Re-inspection Date: