



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: 5/17/23

Facility Name: <u>One Stop</u>	Phone Number: _____	PR ID # <u>218</u>
Facility Site Address: <u>2003 E Main St.</u>	City: <u>Quincy</u>	Zip: <u>95971</u>
Permit #: <u>22-185</u>	Exp Date: <u>7/1/23</u>	Permit Holder: <u>Bhupinder Singh</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	N/O-N/A	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE				
	1. Demonstration of knowledge; food safety certification			✓
Food Safety Cert Name: <u>Pending 60 days</u> Exp. Date: _____				
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 <u>hot + cold</u>			
✓	8. Time as a public health control; procedures & records <u>none observed</u>			
✓	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 Temp <u>>120° F</u>			
LIQUID WASTE DISPOSAL				
✓	22. Sewage and wastewater properly disposed			
VERMIN				
✓	23. No rodents, insects, birds, or animals			

In	N/O-N/A	COS	MAJ	OUT
SUPERVISION				
	24. Person in charge present and performs duties			OUT
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			

In	N/O-N/A	COS	MAJ	OUT
	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) <u>Adriane Castillo</u>	Title _____
Received by (Signature) <u>Adriane Castillo</u>	
Specialist (Print) <u>Dennis Eck</u>	Specialist (Signature) <u>[Signature]</u>
Re-inspection Date: <u>Next Routine</u>	

1. New manager to be certified - complete within 60 days.

Good Sanitation @ time of inspection
thanks!