



PLUMAS COUNTY

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ENVIRONMENTAL HEALTH DIVISION

FOOD SAFETY EVALUATION REPORT

270 County Hospital Rd., Ste 127 Quincy, CA 95971

Phone: (530) 283-6355 FAX (530) 283-6241

Date of Inspection: 10/16/23

Facility Name: <u>GRIZZLY BITE</u>	Phone Number: <u>284-1010</u>	PR ID# <u>1965</u>
Facility Site Address: <u>4301 NELSON</u>	City: <u>TAYLORVILLE</u>	Zip: <u>95983</u>
Permit #: <u>23-1198</u>	Exp Date: <u>1/11/24</u>	Permit Holder: <u>CASSANDRA BARR</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
<b>DEMONSTRATION OF KNOWLEDGE</b>					
		1. Demonstration of knowledge; food safety certification			X
Food Safety Cert Name: <u>W/IN 60 DAYS</u> Exp. Date					
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
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			
<b>PREVENTING CONTAMINATION BY HANDS</b>					
X		5. Hands clean and properly washed; gloves used properly			
X		6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
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			
<b>PROTECTION FROM CONTAMINATION</b>					
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			

<b>FOOD FROM APPROVED SOURCES</b>	
X	15. Food obtained from approved source
X	16. Compliance with shell stock tags, condition, display
X	17. Compliance with Gulf Oyster Regulations
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>	
X	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan
<b>CONSUMER ADVISORY</b>	
X	19. Consumer advisory provided for raw or undercooked foods
<b>Highly Susceptible Populations</b>	
X	20. Licensed health care facilities/ public & private schools; prohibited foods not offered
<b>WATER/HOT WATER</b>	
X	21. Hot and cold water available Temp <u>120°F+</u>
<b>LIQUID WASTE DISPOSAL</b>	
X	22. Sewage and wastewater properly disposed
<b>VERMIN</b>	
X	23. No rodents, insects, birds, or animals

In	N/O-N/A		COS	MAJ	OUT
<b>SUPERVISION</b>					
		24. Person in charge present and performs duties			OUT
<b>PERSONAL CLEANLINESS</b>					
		25. Personal cleanliness and hair restraints			
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>					
		26. Approved thawing methods used, frozen food			
		27. Food separated and protected			
		28. Washing fruits and vegetables			
		29. Toxic substances properly identified, stored, used			
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>					
		30. Food storage; food storage containers identified			
		31. Consumer self-service			
		32. Food properly labeled & honestly presented			
<b>EQUIPMENT/ UTENSILS/ LINENS</b>					
		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	
<b>PHYSICAL FACILITIES</b>		
	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	
<b>PERMANENT FOOD FACILITIES</b>		
	45. Floor, walls and ceilings: built, maintained, and clean	
	46. No unapproved private homes/ living or sleeping quarters	
<b>SIGNS/ REQUIREMENTS</b>		
	47. Signs posted; last inspection report available	
<b>COMPLIANCE &amp; ENFORCEMENT</b>		
	48. Plan Review	
	49. Permits Available	
	50. Impoundment	
	51. Permit Suspension	

Received by (Print) ROBERT MONTAVON

Title

Received by (Signature) [Signature]

Specialist (Print) PAT SANDOZ

Specialist (Signature) [Signature]

Re-inspection Date:

Facility Name:

GRIEZY BITE

FA ID #

1965

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Date of Inspection:

10/16/23

OBSERVATIONS AND CORRECTIVE ACTIONS

1. OBTAIN & SUBMIT CURRENT & VALID FOOD SAFETY CERTIFICATION, MANAGERS, TO ENVIRONMENTAL HEALTH w/in 60 DAYS

Received by (Print)

ROBERT MONTAVON

Title

Received by (Signature)

*[Signature]*

Specialist (Print)

RAT SANDERS

Specialist (Signature)

*[Signature]*

Re-inspection Date: