



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: 10/25/23

|  |                          |                                    |
|--|--------------------------|------------------------------------|
| Facility Name: <u>ROUND TABLE PIZZA</u>    | Phone Number: _____      | PR ID # <u>154</u>                 |
| Facility Site Address: <u>60 E Main St</u> | City: <u>QUINCY</u>      | Zip <u>95971</u>                   |
| Permit #: <u>22-121</u>                    | Exp Date: <u>12/1/23</u> | Permit Holder: <u>KERRI HOOVER</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                |         |     |     |     |
| Food Safety Cert Name: <u>KERRI HOOVER</u> Exp. Date _____              |         |     |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>                         |         |     |     |     |
| ✓   |         |     |     |     |
| 2. Communicable disease; reporting, restrictions & exclusions           |         |     |     |     |
| ✓   |         |     |     |     |
| 3. No discharge from eyes, nose, and mouth                              |         |     |     |     |
| ✓   |         |     |     |     |
| 4. Proper eating, tasting, drinking or tobacco use                      |         |     |     |     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>                                |         |     |     |     |
| ✓   |         |     |     |     |
| 5. Hands clean and properly washed; gloves used properly                |         |     |     |     |
| ✓   |         |     |     |     |
| 6. Adequate handwashing facilities supplied & accessible                |         |     |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>                               |         |     |     |     |
| ✓   |         |     |     |     |
| 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                         |         |     |     |     |
| <b>PROTECTION FROM CONTAMINATION</b>                                    |         |     |     |     |
| ✓   |         |     |     |     |
| 12. Returned and re-service of food                                     |         |     |     |     |
| ✓   |         |     |     |     |
| 13. Food in good condition, safe and unadulterated                      |         |     |     |     |
| ✓   |         |     |     |     |
| 14. Food contact surfaces: clean and sanitized <u>Sanitized Buckets</u> |         |     |     |     |

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

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

|  |                              |
|--|------------------------------|
| Received by (Print) <u>Tara Langle</u>     | Title _____                  |
| Received by (Signature) <u>Tara Langle</u> |                              |
| Specialist (Print) <u>Dennis Eick</u>      | Specialist (Signature) _____ |
| Re-inspection Date: _____                  |                              |

Greatest Sanitary practices observed.  
- Consider reducing sanitizer in buckets - found @ 200ppm+ (100ppm is standard)