



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: 11/7/23

Facility Name: SUBWAY SANDWICHES - QUINCY Phone Number _____ PR ID # 271
 Facility Site Address: 23 Crescent St City: Quincy Zip 95971
 Permit #: 22-238 Exp Date: 9/16/23 Permit Holder: RAVI Gundimeda
 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	CO S	MAJ	OU T
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>Haley Michael</u> Exp. Date: <u>4/29/24</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/>	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			
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS				
	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			
PROTECTION FROM CONTAMINATION				
	12. Returned and re-service of food			
<input checked="" type="checkbox"/>	13. Food in good condition, safe and unadulterated			
	14. Food contact surfaces: clean and sanitized			

	FOOD FROM APPROVED SOURCES	
<input checked="" type="checkbox"/>	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		
<input checked="" type="checkbox"/>	21. Hot and cold water available Temp <u>133°F+</u>	
LIQUID WASTE DISPOSAL		
	22. Sewage and wastewater properly disposed	
VERMIN		
	23. No rodents, insects, birds, or animals	

In	N/O-N/A	CO S	MAJ	OU T
SUPERVISION				
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			

	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) Haley Michael Title _____
 Received by (Signature) Haley Michael
 Specialist (Print) Dennis Eck Specialist (Signature) _____
 Re-inspection Date: Next Routine

45) Broken coving tiles near walk-in fridge should be repaired.
 -Correct sanitation observed