



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: 12/14/23

Facility Name: BEST WESTERN Rose Quartz Phone Number 258-2002 PR ID# 80  
Facility Site Address: 306 MAIN City: CHESTER Zip 96020 Type of Inspection:  
Permit #: 24-022 Exp Date: 7/12/24 Permit Holder: GRULAN FARLESS 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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
X	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <i>KATINA BANZER</i>		Exp. Date <i>7/12/28</i>		
<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			
In	N/O-N/A	CO S	MAJ	OU T

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

<b>SUPERVISION</b>		<b>OUT</b>
24. Person in charge present and performs duties		
<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		

	OUT
39. Thermometers provided and accurate	
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) Merissa Sweeney

**Title**

Received by (Signature)

Wavy line

**Specialist (Print)**

P<sub>0</sub> = 50000

Specialist (Signature)

Re-inspection Date:

- OBTAIN & SUBMIT CURRENT VALID FOOD SAFETY CERTIFICATION PRIOR TO EXPIRATION OF 7/12/24