



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: 1/22/24

Facility Name: <u>Goodwin's GENERAL STORE</u>	Phone Number _____	PR ID # <u>133</u>
Facility Site Address: <u>94137 Hwy 70</u>	City: <u>CHILCOOT</u>	Zip <u>96105</u>
Permit #: <u>23-099</u>	Exp Date: <u>2/24/24</u>	Permit Holder: <u>MARTIN GOODWIN</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	CO S	MAJ	OU T
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification		<input checked="" type="checkbox"/>		
Food Safety Cert Name: <u>MART GOODWIN</u> Exp. Date <u>2/24/27</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/> 2. Communicable disease; reporting, restrictions & exclusions		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 3. No discharge from eyes, nose, and mouth		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 4. Proper eating, tasting, drinking or tobacco use		<input checked="" type="checkbox"/>		
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible		<input checked="" type="checkbox"/>		
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/> 7. Proper hot and cold holding temperatures		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 8. Time as a public health control; procedures & records <i>- hot holding disposal of cold food</i>		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 9. Proper cooling methods <i>- cool as fast as possible.</i>		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 10. Proper cooking time & temperatures		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 11. Proper reheating procedures for hot holding		<input checked="" type="checkbox"/>		
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/> 12. Returned and re-service of food		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 13. Food in good condition, safe and unadulterated		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 14. Food contact surfaces: clean and sanitized		<input checked="" type="checkbox"/>		

FOOD FROM APPROVED SOURCES		COS MAS OUT
<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		<input checked="" type="checkbox"/>
CONFORMANCE WITH APPROVED PROCEDURES		
<input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan		<input checked="" type="checkbox"/>
CONSUMER ADVISORY		
<input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods		<input checked="" type="checkbox"/>
Highly Susceptible Populations		
<input checked="" type="checkbox"/> 20. Licensed health care facilities/ public & private schools; prohibited foods not offered		<input checked="" type="checkbox"/>
WATER/HOT WATER		
<input checked="" type="checkbox"/> 21. Hot and cold water available Temp <u>120°F</u>		<input checked="" type="checkbox"/>
LIQUID WASTE DISPOSAL		
<input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed		<input checked="" type="checkbox"/>
VERMIN		
<input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals		<input checked="" type="checkbox"/>

In	N/O-N/A	CO S	MAJ	OU T
SUPERVISION				
<input checked="" type="checkbox"/> 24. Person in charge present and performs duties		<input checked="" type="checkbox"/>		
PERSONAL CLEANLINESS				
<input checked="" type="checkbox"/> 25. Personal cleanliness and hair restraints		<input checked="" type="checkbox"/>		
GENERAL FOOD SAFETY REQUIREMENTS				
<input checked="" type="checkbox"/> 26. Approved thawing methods used, frozen food		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 27. Food separated and protected		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 28. Washing fruits and vegetables		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 29. Toxic substances properly identified, stored, used		<input checked="" type="checkbox"/>		
FOOD STORAGE/ DISPLAY/ SERVICE				
<input checked="" type="checkbox"/> 30. Food storage; food storage containers identified		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 31. Consumer self-service		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 32. Food properly labeled & honestly presented		<input checked="" type="checkbox"/>		
EQUIPMENT/ UTENSILS/ LINENS				
<input checked="" type="checkbox"/> 33. Nonfood contact surfaces clean		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 34. Warewashing facilities: installed, maintained, used; test strips		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 35. Equipment/ Utensils approved; installed; clean; good repair, capacity		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 36. Equipment, utensils and linens: storage and use		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 37. Vending machines		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 38. Adequate ventilation and lighting; designated areas, use		<input checked="" type="checkbox"/>		

PHYSICAL FACILITIES		
<input checked="" type="checkbox"/> 41. Plumbing: proper backflow devices		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 42. Garbage and refuse properly disposed; facilities maintained		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 43. Toilet facilities: properly constructed, supplied, cleaned		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 44. Premises; personal/cleaning items; vermin-proofing		<input checked="" type="checkbox"/>
PERMANENT FOOD FACILITIES		
<input checked="" type="checkbox"/> 45. Floor, walls and ceilings: built, maintained, and clean		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 46. No unapproved private homes/ living or sleeping quarters		<input checked="" type="checkbox"/>
SIGNS/ REQUIREMENTS		
<input checked="" type="checkbox"/> 47. Signs posted; last inspection report available		<input checked="" type="checkbox"/>
COMPLIANCE & ENFORCEMENT		
<input checked="" type="checkbox"/> 48. Plan Review		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 49. Permits Available		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 50. Impoundment		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 51. Permit Suspension		<input checked="" type="checkbox"/>

Received by (Print)	<u>Matthew Goodwin</u>	Title	<u>Owner</u>
Received by (Signature)	<u>Matthew Goodwin</u>		
Specialist (Print)	<u>Dennis Eck</u>	Specialist (Signature)	
		Re-inspection Date: <u>Next Routine</u>	

7. Walk-in beverage fridge was @ 246-48°F. Adjusted on site -
- Great sanitation observed - tanks!