



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: 12/8/23

Facility Name: FEATHER RIVER Co-OP QUINCY Phone Number \_\_\_\_\_ PR ID # 247  
Facility Site Address: 269 Main St. City: QUINCY Zip 95971  
Permit #: 23-214 Exp Date: 6/21/24 Permit Holder: Feather River Food Coop - Quincy 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	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
<b>Food Safety Cert Name: Rachel Elledge Exp. Date 10/23/26</b>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions			
<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth			
<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures <i>hot/cold</i>			<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8. Time as a public health control; procedures & records			
<input checked="" type="checkbox"/>	9. Proper cooling methods			
<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures			
<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding			
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/>	12. Returned and re-service of food			
<input checked="" type="checkbox"/>	13. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>	14. Food contact surfaces: clean and sanitized			

In	N/O-N/A	CO S	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
<input checked="" type="checkbox"/>	15. Food obtained from approved source			
<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition, display			
<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>				
<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"/>	21. Hot and cold water available			
Temp 120°F				
<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			

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

In	N/O-N/A	CO S	MAJ	OUT
<input checked="" type="checkbox"/>	39. Thermometers provided and accurate			
<input checked="" type="checkbox"/>	40. Wiping cloths: properly used and stored			
<b>PHYSICAL FACILITIES</b>				
<input checked="" type="checkbox"/>	41. Plumbing: proper backflow devices			
<input checked="" type="checkbox"/>	42. Garbage and refuse properly disposed; facilities maintained			
<input checked="" type="checkbox"/>	43. Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>	44. Premises; personal/cleaning items; vermin-proofing			
<b>PERMANENT FOOD FACILITIES</b>				
<input checked="" type="checkbox"/>	45. Floor, walls and ceilings: built, maintained, and clean			
<input checked="" type="checkbox"/>	46. No unapproved private homes/ living or sleeping quarters			
<b>SIGNS/ REQUIREMENTS</b>				
<input checked="" type="checkbox"/>	47. Signs posted; last inspection report available			
<b>COMPLIANCE &amp; ENFORCEMENT</b>				
<input checked="" type="checkbox"/>	48. Plan Review			
<input checked="" type="checkbox"/>	49. Permits Available			
<input checked="" type="checkbox"/>	50. Impoundment			
<input checked="" type="checkbox"/>	51. Permit Suspension			

Received by (Print) *THEORA HARVEY* Title \_\_\_\_\_  
 Received by (Signature) *[Signature]*  
 Specialist (Print) *Donna Eich* Specialist (Signature) *[Signature]* Re-inspection Date: *Next Return*

## OBSERVATIONS AND CORRECTIVE ACTIONS

1.) Ice cream fridge is registering ~ 27 - low 30s °F  
- Have adjusted or serviced to maintain standard 0 °F.  
- Soups + sandwiches are at  $\pm 50$  °F at front display -  
please rotate items or adjust fridge to maintain items  
at  $\leq 41$  °F.

2.) Air gap needed at 2-compartment sink near dishwasher.

Dishwasher ~200ppm - suggest adjustment to ~50ppm.

Received by (Print)

THEOPA HARVEY

Title

Received by (Signature)



Specialist (Print)

Dennis Eck

Specialist (Signature)



Re-inspection Date:

Next Routine