



PLUMAS COUNTY
pg 1 of 1
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: <u>GROCERY OUTLET - Quincy</u>	Phone Number: _____	PR ID # <u>1389</u>
Facility Site Address: <u>1715 E Main St</u>	City: <u>Quincy</u>	Zip <u>95971</u>
Permit #: <u>23-1068</u>	Exp Date: <u>7/18/24</u>	Permit Holder: <u>MAZELLA MARKETS</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				
1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/>				
Food Safety Cert Name: <u>non-prep Exempt</u> Exp. Date _____				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
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 <input checked="" type="checkbox"/>				
PREVENTING CONTAMINATION BY HANDS				
5. Hands clean and properly washed; gloves used properly <input checked="" type="checkbox"/>				
6. Adequate handwashing facilities supplied & accessible <input checked="" type="checkbox"/>				
TIME AND TEMPERATURE RELATIONSHIPS				
7. Proper hot and cold holding temperatures <u>COLD</u> <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 <input checked="" type="checkbox"/>				
PROTECTION FROM CONTAMINATION				
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 <input checked="" type="checkbox"/>				

FOOD FROM APPROVED SOURCES		
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 <input checked="" type="checkbox"/>		
CONFORMANCE WITH APPROVED PROCEDURES		
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input checked="" type="checkbox"/>		
CONSUMER ADVISORY		
19. Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/>		
Highly Susceptible Populations		
20. Licensed health care facilities/ public & private schools; prohibited foods not offered <input checked="" type="checkbox"/>		
WATER/HOT WATER		
21. Hot and cold water available <u>(Standard 120°F)</u> Temp <u>118°F</u> <input checked="" type="checkbox"/>		
LIQUID WASTE DISPOSAL		
22. Sewage and wastewater properly disposed <input checked="" type="checkbox"/>		
VERMIN		
23. No rodents, insects, birds, or animals <input checked="" type="checkbox"/>		

In	N/O-N/A	CO S	MAJ	OU T
SUPERVISION OUT				
24. Person in charge present and performs duties <input checked="" type="checkbox"/>				
PERSONAL CLEANLINESS				
25. Personal cleanliness and hair restraints <input checked="" type="checkbox"/>				
GENERAL FOOD SAFETY REQUIREMENTS				
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 <input checked="" type="checkbox"/>				
FOOD STORAGE/ DISPLAY/ SERVICE				
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 <input checked="" type="checkbox"/>				
EQUIPMENT/ UTENSILS/ LINENS				
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 <input checked="" type="checkbox"/>				

PHYSICAL FACILITIES		
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 <input checked="" type="checkbox"/>		
PERMANENT FOOD FACILITIES		
45. Floor, walls and ceilings: built, maintained, and clean <input checked="" type="checkbox"/>		
46. No unapproved private homes/ living or sleeping quarters <input checked="" type="checkbox"/>		
SIGNS/ REQUIREMENTS		
47. Signs posted; last inspection report available <input checked="" type="checkbox"/>		
COMPLIANCE & ENFORCEMENT		
48. Plan Review <input checked="" type="checkbox"/>		
49. Permits Available <input checked="" type="checkbox"/>		
50. Impoundment <input checked="" type="checkbox"/>		
51. Permit Suspension <input checked="" type="checkbox"/>		

Received by (Print) <u>Timothy Vicira</u>	Title _____
Received by (Signature) <u>Tim V.</u>	
Specialist (Print) <u>Dennis Eck</u>	Specialist (Signature) <u>D. Eck</u>

Re-inspection Date:

Next Routine

Store is in good condition & clean

-Tanks