



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: 1/18/24

Facility Name: Mountain Market
Facility Site Address: 196 E. Sierra St
City: Portola Zip 96122
Permit #: Pending Exp Date: - Permit Holder: Sunjeev Kumar

PR ID # Pending
Type of Inspection: Preoperating

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: SANJEEV KUMAR Exp. Date 5/6/28			
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				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
	6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures (cold chain)			
	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			
PROTECTION FROM CONTAMINATION				
<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	OU T
FOOD FROM APPROVED SOURCES				
<input checked="" type="checkbox"/>	15. Food obtained from approved source			
<input checked="" type="checkbox"/>	16. Compliance with shell source display			
<input checked="" type="checkbox"/>	17. Compliance with Gulf Coast regulations			
CONFORMANCE WITH PROCEDURES				
<input checked="" type="checkbox"/>	18. Compliance with variation in reduced oxygen packaging			
CONSUMER ADVISORY				
<input checked="" type="checkbox"/>	19. Consumer advisory provided for undercooked foods			
HIGHLY SUSCEPTIBLE POPULATIONS				
<input checked="" type="checkbox"/>	20. Licensed health care facilities; schools; prohibited food not offered			
WATER/HOT WATER				
<input checked="" type="checkbox"/>	21. Hot and cold water available			
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed			
VERMIN				
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals			

In	N/O-N/A	CO S	MAJ	OU T
SUPERVISION				
<input checked="" type="checkbox"/>	24. Person in charge present and performs duties			
PERSONAL CLEANLINESS				
<input checked="" type="checkbox"/>	25. Personal cleanliness and hair restraints			
GENERAL FOOD SAFETY REQUIREMENTS				
<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			
FOOD STORAGE/ DISPLAY/ SERVICE				
<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			
EQUIPMENT/ UTENSILS/ LINENS				
<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	OU T
<input checked="" type="checkbox"/>	39. Thermometers provided and accurate			
<input checked="" type="checkbox"/>	40. Wiping cloths: properly used and stored			
PHYSICAL FACILITIES				
<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			
PERMANENT FOOD FACILITIES				
<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			
SIGNS/ REQUIREMENTS				
<input checked="" type="checkbox"/>	47. Signs posted; last inspection report available			
COMPLIANCE & ENFORCEMENT				
<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) *RECEIVED* Title _____
 Received by (Signature) *AS*
 Specialist (Print) *Dennis Ede* Specialist (Signature) *SG*
 Re-inspection Date: *30 days (1st Routine)*

Facility Name: MOUNTAIN MARKET

FAID # _____

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Date of Inspection: 1/18/24

OBSERVATIONS AND CORRECTIVE ACTIONS

21.) Adjust water heater to reach 120°F or above
prepackaged

OK to open contingent on non-prep items ONLY until
an inspection by Plumas County Env. Health is conducted
for the facility to be approved for food item preparation

- Facility is approved to operate contingent on concurrent approval
by the City of Portola

Received by (Print)

Dennis Eck

Title

Received by (Signature)

M. Eck

Specialist (Print)

Dennis Eck

Specialist (Signature)

D. Eck

Re-inspection Date: 30 days, First Routine