



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: 12/27/23

Facility Name: LUCIO'S Phone Number 283-1949 PR ID # 1251  
 Facility Site Address: 875 E. DUNN/ E. MAIN City: Quincy Zip 93971  
 Permit #: 23-131 Exp Date: 4/24/24 Permit Holder: LUCIO MACIAS  
 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 | OU T |
|---|---|------------------------|-----|------|
| <b>DEMONSTRATION OF KNOWLEDGE</b>               |   |                        |     |      |
| <input checked="" type="checkbox"/>             | 1. Demonstration of knowledge; food safety certification      |                        |     |      |
|   | Food Safety Cert Name: <u>LUCIO MACIAS</u>                    | Exp Date <u>5/8/24</u> |     |      |
| <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                   |                        |     |      |
| <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                |                        |     |      |

|   | FOOD FROM APPROVED SOURCES  |  |
|---|---|--|
| <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 <u>120°F</u>  |  |
| <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                                 | OU T |
|---|---|------|-------------------------------------|------|
| <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"/> |      |
| <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              |      |                                     |      |

|   | 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)

Title

Received by (Signature)

LUCIO MACIAS

Specialist (Print)

PAT SANDS

Specialist (Signature)

Re-inspection Date:

Facility Name: Lucio's

FA ID # 1251

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Date of Inspection: 12/27/23

OBSERVATIONS AND CORRECTIVE ACTIONS

34. CLEAN INSIDE & OUTSIDE OF ALL EQUIPMENT ON A ROUTINE BASIS  
TO PREVENT ACCUMULATION OF FOOD DEBRIS

45. THOROUGHLY CLEAN FLOORS, WALLS & CEILINGS ON A ROUTINE BASIS  
TO PREVENT ACCUMULATION OF FOOD DEBRIS, PAY SPECIAL ATTENTION  
TO AREAS UNDER EQUIPMENT

Received by (Print)

Title

Received by (Signature)

*Julio Maelis*

Specialist (Print)

*PAT Sanders*

Specialist (Signature)

Re-inspection Date: