



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: 12/1/23

Facility Name: Rich Bar Phone Number \_\_\_\_\_ PR ID # 2149  
 Facility Site Address: 60 Main St. City: Quincy Zip: 95971 Type of Inspection: \_\_\_\_\_  
 Permit #: Pending Exp Date: \_\_\_\_\_ Permit Holder: Alex Westerberry Preopening

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

Facilities Only

| 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:</b> <u>Pending 60 days</u> <b>Exp. Date</b> |   |      |     |     |
| <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            |      |     |     |
| <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                   |      |     |     |
|   | 8. Time as a public health control; procedures & records      |      |     |     |
|   | 9. Proper cooling methods                                     |      |     |     |
|   | 10. Proper cooking time & temperatures                        |      |     |     |
|   | 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            |      |     |     |
|   | 14. Food contact surfaces: clean and sanitized                |      |     |     |

|   | FOOD FROM APPROVED SOURCES  | COS MAJ OUT       |
|---|---|-------------------|
| <input checked="" type="checkbox"/>         | 15. Food obtained from approved source  |                   |
|   | 16. Compliance with shell stock tags, condition, display                                    |                   |
|   | 17. Compliance with Gulf Oyster Regulations   |                   |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b> |   |                   |
|   | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |                   |
| <b>CONSUMER ADVISORY</b>                    |   |                   |
|   | 19. Consumer advisory provided for raw or undercooked foods                                 |                   |
| <b>Highly Susceptible Populations</b>       |   |                   |
|   | 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>117°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 OUT

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

Title OWNER

Received by (Signature)  

Specialist (Print) Dennis Ede

Specialist (Signature)  

Re-inspection Date:

30 days - First Routine

- 1) Obtain food safety certification within 60 days . email to Quincyenv@countyofplumas.org
- 2) Monitor hot water to ensure temp at 120°F or above. Permissions to operate granted.