



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: 3/12/24

Facility Name: <u>FUSD WAREHOUSE</u>	Phone Number: _____	PR ID # <u>366</u>
Facility Site Address: <u>113 MILL CREEK RD</u>	City: <u>QUINCY</u>	Zip: <u>95971</u>
Permit #: <u>24-229</u>	Exp Date: <u>2/1/25</u>	Permit Holder: <u>FUSD</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	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE				
	<input checked="" type="checkbox"/>			
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>Non-Food</u> Exp. Date: _____				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
	<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				
PREVENTING CONTAMINATION BY HANDS				
	<input checked="" type="checkbox"/>			
5. Hands clean and properly washed; gloves used properly				
	<input checked="" type="checkbox"/>			
6. Adequate handwashing facilities supplied & accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
	<input checked="" type="checkbox"/>			
7. Proper hot and cold holding temperatures <u>Freezer + Fridge</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				
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				
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				
CONFORMANCE WITH APPROVED PROCEDURES				
	<input checked="" type="checkbox"/>			
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
CONSUMER ADVISORY				
	<input checked="" type="checkbox"/>			
19. Consumer advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
	<input checked="" type="checkbox"/>			
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
WATER/HOT WATER				
	<input checked="" type="checkbox"/>			
21. Hot and cold water available Temp: _____				
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				
SUPERVISION				
	<input checked="" type="checkbox"/>			OUT
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				
39. Thermometers provided and accurate				
	<input checked="" type="checkbox"/>			OUT
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) Levi J. Walke Title _____

Received by (Signature) Levi J. Walke

Specialist (Print) Dennis Eck Specialist (Signature) _____

Re-inspection Date: Next Routine