



PLUMAS COUNTY
pg 1 of 2
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: 3/28/24

Facility Name: PINE SHACK FROSTY Phone Number _____ PR ID # 236
 Facility Site Address: 321 MAIN City: CITESTON Zip 96026
 Permit #: 24-193 Exp Date: 3/29/25 Permit Holder: JORDAN PATATUCHI
 Type of Inspection: Pre-Open 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
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
	Food Safety Cert Name: <u>JORDAN PATATUCHI</u>	Exp. Date <u>1/19/29</u>		
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			
<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	

In	N/O-N/A	CO S	MAJ	OU T
SUPERVISION				
24.	Person in charge present and performs duties			
PERSONAL CLEANLINESS				
25.	Personal cleanliness and hair restraints			
GENERAL FOOD SAFETY REQUIREMENTS				
26.	Approved thawing methods used, frozen food			
27.	Food separated and protected			
28.	Washing fruits and vegetables			
29.	Toxic substances properly identified, stored, used			
FOOD STORAGE/ DISPLAY/ SERVICE				
30.	Food storage; food storage containers identified			
31.	Consumer self-service			
32.	Food properly labeled & honestly presented			
EQUIPMENT/ UTENSILS/ LINENS				
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
PHYSICAL FACILITIES	
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
PERMANENT FOOD FACILITIES	
45.	Floor, walls and ceilings: built, maintained, and clean
46.	No unapproved private homes/ living or sleeping quarters
SIGNS/ REQUIREMENTS	
47.	Signs posted; last inspection report available
COMPLIANCE & ENFORCEMENT	
48.	Plan Review
49.	Permits Available
50.	Impoundment
51.	Permit Suspension

Received by (Print) Jordan Patatuchi Title _____
 Received by (Signature) Jordan Patatuchi
 Specialist (Print) PAT SANDERS Specialist (Signature) Jordan Patatuchi Re-inspection Date:

Facility Name: Pine Shack FrostoFA ID # 236Pg 2 of 2Date of Inspection: 3/28/24

OBSERVATIONS AND CORRECTIVE ACTIONS

- Facility Approval for ICE CREAM ONLY, NO COOKING TO OCCUR UNTIL HOOD & FACILITY UPGRADE COMPLETED.
- SUBMIT FACILITY LAYOUT PLAN TO E.H. FOR REVIEW & APPROVAL PRIOR TO UPGRADE
- INSTALL AIR GAP & 3-COMPARTMENT SINK IN FRONT PREP AREA - OK TO UTILIZE FOR HANDWASH DUE TO ADDITIONAL 3-COMPARTMENT SINK IN BACK PREP AREA. SUPPLY w/ SINGLE SERVICE SOAP & PAPER TOWELS
- HOODS IDENTIFIED AS OUT OF COMPLIANCE BY SERVICE PROVIDER. NEW HOOD TO BE INSTALLED UNDER PERMIT BY BUILDING DEPT

Received by (Print)

Jordan patatuchi

Title

Received by (Signature)

Jordan patatuchi

Specialist (Print)

Pat Sanders

Specialist (Signature)

Pat

Re-inspection Date: