



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: 6/12/24

Facility Name: QUINCY MARKET + GAS	Phone Number	PR ID# 137
Facility Site Address: 98 E Main St.	City: QUINCY	Zip: 95971
Permit #: 24-102	Exp Date: 6/8/25	Permit Holder: Alex Hawara
		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>				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <b>NON-PREP EXEMPT</b> Exp. Date				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
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>				
5. Hands clean and properly washed; gloves used properly				
6. Adequate handwashing facilities supplied & accessible				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
7. Proper hot and cold holding temperatures <b>COLD</b>				
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>				
12. Returned and re-service of food				
13. Food in good condition, safe and unadulterated				
14. Food contact surfaces: clean and sanitized				

<b>FOOD FROM APPROVED SOURCES</b>		
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>		
21. Hot and cold water available Temp <b>110°F</b> <i>Handwash sink</i>		
<b>LIQUID WASTE DISPOSAL</b>		
22. Sewage and wastewater properly disposed		
<b>VERMIN</b>		
23. No rodents, insects, birds, or animals		

In	N/O-N/A	CO S	MAJ	OU T
<b>SUPERVISION</b>				
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				

<b>OUT</b>		
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) *Mario Kassab*

Title

Received by (Signature) *[Signature]*

Specialist (Print) *Dennis Fck*

Specialist (Signature) *[Signature]*

Re-inspection Date:

*Next Routine.*

*Good Sanitation Observed*

*Thanks!*