



PLUMAS COUNTY
pg 1 of 1
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: 4/9/24

Facility Name: GRAYEAGLE STORE

Facility Site Address: 7386 HWY 89

City: GRAYEAGLE

Phone Number

PR ID # 127

Permit #: 24-094

Exp Date: 2/1/25

Permit Holder: Stephen Harding

Zip 96103

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		COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE					
<input checked="" type="checkbox"/>		1. Demonstration of knowledge; food safety certification			
		Food Safety Cert Name: <u>Dale Lambert</u>	Exp. Date	<u>2/23/28</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 <u>hot + cold ok</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	
CONFORMANCE WITH APPROVED PROCEDURES		
<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations	
<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 <u>130°F</u>
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		COS	MAJ	OUT
SUPERVISION					
<input checked="" type="checkbox"/>		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			

		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) STEVE HARDING

Title OWNER

Received by (Signature) steve harding

Specialist (Print) Dennis Eck

Specialist (Signature) D.E.

Re-inspection Date:

Next Routine.

Great Sanitation observed - Thanks!