



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: 4/10/24

| | | |
|--|-------------------------------|---|
| Facility Name: <u>EVERGREEN MARKET</u> | Phone Number: <u>284-7313</u> | PR ID# <u>126</u> |
| Facility Site Address: <u>429 CROSBY</u> | City: <u>GREENVILLE</u> | Zip: <u>95947</u> |
| Permit #: <u>24-093</u> | Exp Date: <u>2/20/25</u> | Permit Holder: <u>VIRK Brothers Group Inc</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>SHSILA BOWERS</u> | Exp. Date: <u>4/14/24</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 <u>120°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 | | | | | |
| | | 24. Person in charge present and performs duties | | | OUT |
| 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 | | | |

| | | 39. Thermometers provided and accurate | | | OUT |
|-------------------------------------|--|---|--|--|-------------------------------------|
| | | 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 | | | <input checked="" type="checkbox"/> |
| 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) Vikram Singh

Title

Received by (Signature)

Specialist (Print) PAT SANDERS

Specialist (Signature) [Signature]

Re-inspection Date:

Facility Name:

EVERGREEN MARKET

FA ID # 126

Pg 2 of 2

Date of Inspection: 4/10/24

OBSERVATIONS AND CORRECTIVE ACTIONS

45. As DOCUMENTED ON PREVIOUS INSPECTION REPORT THE FACILITY NEEDS TO
REPLACE FLOORING IN DELI & BUTCHER AREAS - FLOORING TO BE COMMERCIAL
GRADE, DURABLE, SMOOTH, NON-ABSORBANT & EASILY CLEANABLE - LONG
TERM GOAL

Received by (Print)

Vikram Singh

Title

Received by (Signature)

Specialist (Print)

PAT SANDELS

Specialist (Signature)



Re-inspection Date: