



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: 4/16/24

Facility Name: <u>Subway Sandwiches</u>	Phone Number _____	PR ID # <u>271</u>
Facility Site Address: <u>23 Crescent St</u>	City: <u>Quincy</u>	Zip <u>95971</u>
Permit #: <u>23-238</u>	Exp Date: <u>4/29/24</u>	Permit Holder: <u>Ravi Gundamda</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	CO S	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE				
1. Demonstration of knowledge; food safety certification		<input checked="" type="checkbox"/>		
Food Safety Cert Name: <u>Provide w/in 60 days</u> Exp. Date _____				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
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		<input checked="" type="checkbox"/>		
PREVENTING CONTAMINATION BY HANDS				
5. Hands clean and properly washed; gloves used properly		<input checked="" type="checkbox"/>		
6. Adequate handwashing facilities supplied & accessible		<input checked="" type="checkbox"/>		
TIME AND TEMPERATURE RELATIONSHIPS				
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		<input checked="" type="checkbox"/>		
PROTECTION FROM CONTAMINATION				
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		<input checked="" type="checkbox"/>		

FOOD FROM APPROVED SOURCES		
15. Food obtained from approved source		
16. Compliance with shell stock tags, condition, display		
17. Compliance with Gulf Oyster Regulations		
CONFORMANCE WITH APPROVED PROCEDURES		
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan		
CONSUMER ADVISORY		
19. Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations		
20. Licensed health care facilities/ public & private schools; prohibited foods not offered		
WATER/HOT WATER		
21. Hot and cold water available Temp <u>120°F</u>		
LIQUID WASTE DISPOSAL		
22. Sewage and wastewater properly disposed		
VERMIN		
23. No rodents, insects, birds, or animals		

In	N/O-N/A	CO S	MAJ	OUT
SUPERVISION				
24. Person in charge present and performs duties		<input checked="" type="checkbox"/>		
PERSONAL CLEANLINESS				
25. Personal cleanliness and hair restraints		<input checked="" type="checkbox"/>		
GENERAL FOOD SAFETY REQUIREMENTS				
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		<input checked="" type="checkbox"/>		
FOOD STORAGE/ DISPLAY/ SERVICE				
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		<input checked="" type="checkbox"/>		
EQUIPMENT/ UTENSILS/ LINENS				
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		<input checked="" type="checkbox"/>		

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)	<u>ECKO Neely</u>	Title
Received by (Signature)	<u>ECKO</u>	
Specialist (Print)	<u>Dennis Eck</u>	Specialist (Signature) <u>D. Eck</u>
		Re-inspection Date: <u>Next Routine</u>

Facility Name:

Subway SANDWICHES - Quincy

FAID # 238

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OBSERVATIONS AND CORRECTIVE ACTIONS

1) Former manager was let go. Please provide new manager certification within 60 days.

email to QUINCY ENV@countyofplumas.com

95) Coving tiles near walkin should be repaired. - Repeat Violation.

Note: Permit Expires 4/29/24

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Ecko Neely

Title

Received by (Signature)



Specialist (Print)

Dennis Eck

Specialist (Signature)



Re-inspection Date:

Next Routine