



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>MIDTOWN COFFEE</u>	Phone Number: _____	PR ID # <u>208</u>
Facility Site Address: <u>231 W. MAIN ST</u>	City: <u>Quincy</u>	Zip: <u>95971</u>
Permit #: <u>23-175</u>	Exp Date: <u>6/3/24</u>	Permit Holder: <u>Glen Leff</u>

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
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
	Food Safety Cert Name: <u>Glen Leff</u>	Exp. Date <u>11/14/24</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"/>
<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>130.9F</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	CO S	MAJ	OU T
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)

Glen Leff

Title

Received by (Signature)

Glen Leff

Specialist (Print)

Dennis Ede

Re-inspection Date:

Next Routine

OBSERVATIONS AND CORRECTIVE ACTIONS

1.) Stainless Milk Fridge C ~49-50°F
Front display case 43-48°F } Please service or replace refrigeration units to maintain 41°F product temperature or below.

4.) Vacuum Banker needed on utility Sink
otherwise Good Sanitation practices observed.

Thank You

Received by (Print)

Glynn Left

Title

Received by (Signature)



Specialist (Print)

Dennis Ecke

Specialist (Signature)

Re-inspection Date:

Next Routine