



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: 4/18/24

Facility Name: <u>Eastern Plumas Healthcare</u>	Phone Number _____	PR ID # <u>124</u>
Facility Site Address: <u>500 First St.</u>	City: <u>Portola</u>	Zip <u>96122</u>
Permit #: <u>23-092</u>	Exp Date: <u>10/1/24</u>	Permit Holder: <u>EPHC</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	OUT
DEMONSTRATION OF KNOWLEDGE				
	1. Demonstration of knowledge; food safety certification			
	Food Safety Cert Name: <u>Kimberly Greinrich</u>	Exp Date <u>2/15/27</u>		
	EMPLOYEE HEALTH & HYGIENIC PRACTICES			
	2. Communicable disease; reporting, restrictions & exclusions			
	3. No discharge from eyes, nose, and mouth			
	4. Proper eating, tasting, drinking or tobacco use			
	PREVENTING CONTAMINATION BY HANDS			
	5. Hands clean and properly washed; gloves used properly			
	6. Adequate handwashing facilities supplied & accessible			
	TIME AND TEMPERATURE RELATIONSHIPS			
	7. Proper hot and cold holding temperatures			
	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			
	PROTECTION FROM CONTAMINATION			
	12. Returned and re-service of food			
	13. Food in good condition, safe and unadulterated			
	14. Food contact surfaces: clean and sanitized <u>Count 5 surfaces</u>			

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	CO S	MAJ	OUT
SUPERVISION				
	24. Person in charge present and performs duties			
PERSONAL CLEANLINESS				
	25. Personal cleanliness and hair restraints			
GENERAL FOOD SAFETY REQUIREMENTS				
	26. Approved thawing methods used, frozen food <u>Observed cold running water for thawing</u>			
	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			

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)

Title

Received by (Signature)

Brittany Knudson

Specialist (Print)

Dennis Eck

Specialist (Signature)

Re-inspection Date:

Next Routine