



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: 6/21/24

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				
	1. Demonstration of knowledge; food safety certification			
	Food Safety Cert Name:		Exp. Date	
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			

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		<input checked="" type="checkbox"/>
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 _____	
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	S	MAJ	T
	SUPERVISION			OUT
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			
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	
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) Michele Sanchez

Title

Received by (Signature) Michelle Sanchez

Specialist (Print) B E

Specialist (Signatures)

~~100~~

Re-inspection Date:

Facility Name:

CARISON CROSSROADS

FA ID #

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Date of Inspection: 6/21/24

OBSERVATIONS AND CORRECTIVE ACTIONS

35. EVALUATE MECHANICAL VENTILATION OVER COOKING TO ENSURE CAPACITY
Facility Smokey & Hot during inspection - Clean Burner to
PREVENT GREASE BUILD UP

1. Obtain current & valid Health Permit w/ valid Food Classification.

Received by (Print)

Michele Sanchez

Title

Received by (Signature)

Michele Sanchez

Specialist (Print)

Pat Sanders

Specialist (Signature)

T. H. W.

Re-inspection Date: