



PLUMAS COUNTY
pg 1 of ____
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: 6/24/21

| | | |
|---|-------------------------|---------------------------------------|
| Facility Name: <u>Little Bites Deli</u> | Phone Number _____ | PR ID # <u>1162</u> |
| Facility Site Address: <u>8920 Hwy 85</u> | City: <u>Blairstown</u> | Zip <u>96103</u> |
| Permit #: <u>Pending</u> | Exp Date: <u> </u> | Permit Holder: <u>Carmen Carrasco</u> |
| Type of Inspection: <u>Preopening</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 | OU T |
|---|---|---------|-----|---------|
| DEMONSTRATION OF KNOWLEDGE | | | | |
| <input checked="" type="checkbox"/> | 1. Demonstration of knowledge; food safety certification | | | |
| Food Safety Cert Name: <u>Pending</u> Exp. Date | | | | |
| 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 | <i>COS MAJ OUT</i> |
|-------------------------------------|---|--------------------|
| <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>113°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 | 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) Carmen Carrasco Title

Received by (Signature) C

Specialist (Print)

Specialist (Signature)

Re-inspection Date:

1st Routine, 30 days

*2) Ensure water heater is adjusted so water temp is 120°F or above
OK to operate.*