



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: 6/2/24

Facility Name: CHILCOOT FROSTY	Phone Number _____	PR ID # 110
Facility Site Address: 94177 Hwy 70	City: Chilcoot	Zip: 96105
Permit #: 24-077	Exp Date: 4/1/25	Permit Holder: KASEY COONRAD

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	<input checked="" type="checkbox"/>		
Food Safety Cert Name: Bari Lynn Verver Exp. Date: 2/23/26				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use	<input checked="" type="checkbox"/>		
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>		
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"/>		
<input checked="" type="checkbox"/>	9. Proper cooling methods	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding	<input checked="" type="checkbox"/>		
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/>	12. Returned and re-service of food	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	13. Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	14. Food contact surfaces: clean and sanitized 100 ppm	<input checked="" type="checkbox"/>		

In	FOOD FROM APPROVED SOURCES	OUT
<input checked="" type="checkbox"/>	15. Food obtained from approved source	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition, display	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations	<input checked="" type="checkbox"/>
CONFORMANCE WITH APPROVED PROCEDURES		
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
WATER/HOT WATER		
<input checked="" type="checkbox"/>	21. Hot and cold water available Temp 117°F	<input checked="" type="checkbox"/>
LIQUID WASTE DISPOSAL		
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed	<input checked="" type="checkbox"/>
VERMIN		
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals	<input checked="" type="checkbox"/>

In	N/O-N/A	CO S	MAJ	OU 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				

In	OUT
39. Thermometers provided and accurate	<input checked="" type="checkbox"/>
40. Wiping cloths: properly used and stored	<input checked="" type="checkbox"/>
PHYSICAL FACILITIES	
41. Plumbing: proper backflow devices	<input checked="" type="checkbox"/>
42. Garbage and refuse properly disposed; facilities maintained	<input checked="" type="checkbox"/>
43. Toilet facilities: properly constructed, supplied, cleaned	<input checked="" type="checkbox"/>
44. Premises; personal/cleaning items; vermin-proofing	<input checked="" type="checkbox"/>
PERMANENT FOOD FACILITIES	
45. Floor, walls and ceilings: built, maintained, and clean	<input checked="" type="checkbox"/>
46. No unapproved private homes/ living or sleeping quarters	<input checked="" type="checkbox"/>
SIGNS/ REQUIREMENTS	
47. Signs posted; last inspection report available	<input checked="" type="checkbox"/>
COMPLIANCE & ENFORCEMENT	
48. Plan Review	<input checked="" type="checkbox"/>
49. Permits Available	<input checked="" type="checkbox"/>
50. Impoundment	<input checked="" type="checkbox"/>
51. Permit Suspension	<input checked="" type="checkbox"/>

Received by (Print) <i>Revin Coonrad</i>	Title <i>Owner</i>
Received by (Signature) <i>M</i>	
Specialist (Print) <i>Dennis Eck</i>	Specialist (Signature) <i>DS</i>
Re-inspection Date: <i>Next Routine</i>	

21) Please adjust hot water to reach 120°F
35) Use sanitized container for ice scoop, not left in machine. Please clean ~~utensils~~ in hand.