



PLUMAS COUNTY  
pg 1 of 2  
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: 5/23/24

Facility Name: SENIOR NUTRITION - PORTOLA	Phone Number: _____	PR ID #: 261
Facility Site Address: 449 SIERRA AVE	City: PORTOLA	Zip: 96122
Permit #: 24-228	Exp Date: 2/1/25	Permit Holder: Plumas County Public Health
		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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: KATRINA WRIGHT Exp Date 5/2/25				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<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			
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<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			
<b>PROTECTION FROM CONTAMINATION</b>				
<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		COS MAJ OUT
<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	
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>		
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	
<b>CONSUMER ADVISORY</b>		
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods	
<b>Highly Susceptible Populations</b>		
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	
<b>WATER/HOT WATER</b>		
<input checked="" type="checkbox"/>	21. Hot and cold water available	Temp 122°F
<b>LIQUID WASTE DISPOSAL</b>		
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed	
<b>VERMIN</b>		
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals	

In	N/O-N/A	CO S	MAJ	OU T
<b>SUPERVISION</b>				
24. Person in charge present and performs duties				
<b>PERSONAL CLEANLINESS</b>				
25. Personal cleanliness and hair restraints				
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>				
26. Approved thawing methods used, frozen food - COT -				
27. Food separated and protected				
28. Washing fruits and vegetables				
29. Toxic substances properly identified, stored, used				
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>				
30. Food storage; food storage containers identified				
31. Consumer self-service				
32. Food properly labeled & honestly presented				
<b>EQUIPMENT/ UTENSILS/ LINENS</b>				
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	
<b>PHYSICAL FACILITIES</b>	
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	
<b>PERMANENT FOOD FACILITIES</b>	
45. Floor, walls and ceilings: built, maintained, and clean	
46. No unapproved private homes/ living or sleeping quarters	
<b>SIGNS/ REQUIREMENTS</b>	
47. Signs posted; last inspection report available	
<b>COMPLIANCE &amp; ENFORCEMENT</b>	
48. Plan Review	
49. Permits Available	
50. Impoundment	
51. Permit Suspension	

Received by (Print)	Katrina Wright	Title	Head cook
Received by (Signature)			
Specialist (Print)	Dennis Eck	Specialist (Signature)	
		Re-inspection Date: Next Routine	

Facility Name:

Sonoma Nutrition Portola

FAID # 228

Pg 2 of 2

Date of Inspection:

OBSERVATIONS AND CORRECTIVE ACTIONS

1) Paper towels were unavailable @ hand washing sink @ inspection.

-Corrected on site -

2a) Please use approved method for thawing: 1) Under cold, continuously running water.

-Corrected on site -

2) Under Refrigeration

3) Microwave thawing

4) Cook from frozen

Received by (Print)

Katrina Wright

Title

Head Cook

Received by (Signature)

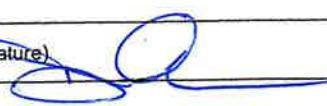


Specialist (Print)

Dennis Eck

Specialist (Signature)

Re-inspection Date:

Next Review