



PLUMAS COUNTY
ENVIRONMENTAL HEALTH DIVISION
FOOD SAFETY EVALUATION REPORT
270 County Hospital Rd., Ste 127 Quincy, CA 95971
Phone: (530) 283-6355 FAX (530) 283-6241

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Date of Inspection: 9/6/24

Facility Name: <u>HEADWATERS BISTRO & DELI</u>	Phone Number: _____	PR ID #: <u>1371</u>
Facility Site Address: <u>620 E SIERRA</u>	City: <u>PORTOLA</u>	Zip: <u>96122</u>
Permit #: <u>EXPIRED</u>	Exp Date: <u>~</u>	Permit Holder: <u>TERRY GRIM</u>
		Type of Inspection: <u>Routine</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	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>TERRY GRIM</u> 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				

In	N/O/N/A	FOOD FROM APPROVED SOURCES	COS	MAJ	OUT
15. Food obtained from approved source					
16. Compliance with shell stock tags, condition, display					
17. Compliance with Gulf Oyster Regulations					
CONFORMANCE WITH APPROVED PROCEDURES					
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan					
SB 13-83 Food Diversion Program					
CONSUMER ADVISORY					
19. Consumer advisory provided for raw or undercooked foods					
Highly Susceptible Populations					
20. Licensed health care facilities/ public & private schools; prohibited foods not offered					
WATER/HOT WATER					
21. Hot and cold water available					
Temp <u>120°F</u>					
LIQUID WASTE DISPOSAL					
22. Sewage and wastewater properly disposed					
VERMIN					
23. No rodents, insects, birds, or animals					

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		

PHYSICAL FACILITIES		OUT
39. Thermometers provided and accurate		
40. Wiping cloths: properly used and stored		
PERMANENT FOOD 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		
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) Terry Grim

Specialist (Print) Dennis Eck

Specialist (Signature) S. O.

Re-inspection Date:

Next Routine

Facility Name:

HEADWATERS BISTRO & DELI

FAID # 1089

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OBSERVATIONS AND CORRECTIVE ACTIONS

7) Beverage fridge was in cash register area and finding adjacent to sandwich prep fridge/area temp @ ~47-50°F. Please adjust/service and monitor temps to maintain 41°F or below.

Keep temp log to ensure proper operation.

30) Freezer was located outside ~~area~~. Please bring freezer members or move food to inside freezer.

Received by (Print)

Title

Received by (Signature)



Specialist (Print)

Dennis Falk

Specialist (Signature)

Re-inspection Date:

Next Routine