



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: 8/22/24

Facility Name: <u>Kopper Kettle</u>	Phone Number <u>258-2698</u>	PR ID # <u>24</u>
Facility Site Address: <u>243 MAIN</u>	City: <u>CHICO</u>	Zip <u>95920</u>
Permit #: <u>24-012</u>	Exp Date: <u>12/13/24</u>	Permit Holder: <u>LUNNI LLC</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	CO S	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>LUNNI LLC</u> Exp. Date <u>2/18/28</u>				
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				
<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				
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	OUT
SUPERVISION				
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				
<input checked="" type="checkbox"/>	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			
PERMANENT FOOD FACILITIES				
<input checked="" type="checkbox"/>	45. Floor, walls and ceilings: built, maintained, and clean			
<input checked="" type="checkbox"/>	46. No unapproved private homes/ living or sleeping quarters			
SIGNS/ REQUIREMENTS				
<input checked="" type="checkbox"/>	47. Signs posted; last inspection report available			
COMPLIANCE & ENFORCEMENT				
<input checked="" type="checkbox"/>	48. Plan Review			
<input checked="" type="checkbox"/>	49. Permits Available			
<input checked="" type="checkbox"/>	50. Impoundment			
<input checked="" type="checkbox"/>	51. Permit Suspension			

Received by (Print)

Title

Received by (Signature) Virginia

Specialist (Print) Pat Sanders

Specialist (Signature) K. Hall

Re-inspection Date:

Facility Name: <u>Kappa Little</u>	FAID #: <u>24</u>	Pg <u>2</u> of <u>2</u> Date of Inspection: <u>8/22/21</u>
------------------------------------	-------------------	---------------------------------------------------------------

OBSERVATIONS AND CORRECTIVE ACTIONS

6. Ensure adequate supply of hot water @ all handwash sinks - 3 compartments in prep area no hot water @ time of inspection all other sinks have hot water
Keep all handwash sinks provided w/ sink service soap & paper towels.

- Continue routine cleaning - Areas where equipment, inside & out of equipment to prevent accumulation of food debris

- Long term goal - Replace floors in prep area

Received by (Print)

Title

Received by (Signature)

John Orr

Specialist (Print)

Pat Sanders

Specialist (Signature)

Re-inspection Date: