



Date of Inspection: 8/6/24

| | | |
|--|---|--------------------------------------|
| Facility Name: <u>Patti's Thunder Cafe</u> | Phone Number: <u>283-3300</u> | PR ID #: <u>223</u> |
| Facility Site Address: <u>557 LAWRENCE</u> | City: <u>QUINCY</u> | Zip: <u>95971</u> |
| Permit #: <u>23-190</u> | Exp Date: <u>11/16/23</u> EXPIRED | Permit Holder: <u>PATRICIA DECOE</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>Michael Brown</u> Exp. Date: <u>12/16/24</u> | | | | | |
| 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 | | COS | MAJ | OUT |
|---|---------|---|-----|-----|-----|
| FOOD FROM APPROVED SOURCES | | | | | |
| ✓ | | 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>126°F</u> | | | | | |
| LIQUID WASTE DISPOSAL | | | | | |
| ✓ | | 22. Sewage and wastewater properly disposed | | | |
| VERMIN | | | | | |
| ✓ | | 23. No rodents, insects, birds, or animals | | | |

| | 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 | |

| | 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) Michael Brown

Title

Received by (Signature) [Signature]

Specialist (Print) Dennis Eck

Specialist (Signature) [Signature]

Re-inspection Date: Next

Quincy Env@countyofplumas.com

Facility Name:

PATTIS THUNDER CAFE

FA ID # 190

Pg 2 of 2

Date of Inspection: 8/6/24

OBSERVATIONS AND CORRECTIVE ACTIONS

- 7) Items in sandwich fridge at service window had items at 47-50°F. Please service or adjust to maintain 41°F or below
- Hot well items at 117-127°F. Please adjust to maintain 135°F.
- 14) Sanitizer bucket set up at time of inspection - Corrected on site -

Received by (Print)

Michael Brown

Title

Received by (Signature)

Specialist (Print)

Dennis Eck

Specialist (Signature)



Re-inspection Date: