



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: 8/12/24

© THE SBT

Facility Name: REGION BURGER MFF Phone Number _____ PR ID # 2001
Facility Site Address: 136 CRESCENT City: GREENVILLE Zip 95947
Permit #: 24-1203 Exp Date: 7/5/25 Permit Holder: CHRISTI DENNIS HAZLETON 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
DEMONSTRATION OF KNOWLEDGE				
X	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: CHRISTI HAZLETON	Exp. Date 9/23/26			
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
X	2. Communicable disease; reporting, restrictions & exclusions			
X	3. No discharge from eyes, nose, and mouth			
X	4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS				
X	5. Hands clean and properly washed; gloves used properly			
X	6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS				
X	7. Proper hot and cold holding temperatures			
X	8. Time as a public health control; procedures & records			
X	9. Proper cooling methods			
X	10. Proper cooking time & temperatures			
X	11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION				
X	12. Returned and re-service of food			
X	13. Food in good condition, safe and unadulterated			
X	14. Food contact surfaces: clean and sanitized			

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

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

Title

Received by (Signature)

Specialist (Print)

Pat Sanders

Specialist (Signature)

Re-inspection Date:

-IDENTIFY NAME OF FACILITY, OWNER/ INFORMATION ON SERVICE SIDE OF MOBILE UNIT