



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: 9/17/24

Facility Name: <u>LEON & ROYS PIZZERIA</u>	Phone Number: _____	PR ID #: <u>221</u>
Facility Site Address: <u>231 MAIN ST</u>	City: <u>QUINCY</u>	Zip: <u>95971</u>
Permit #: <u>24-138</u>	Exp Date: <u>7/26/25</u>	Permit Holder: <u>DEREK + NAOMI VAUGHN</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	N/O	N/A	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE					
✓					
1. Demonstration of knowledge: food safety certification					
Food Safety Cert Name: <u>DEREK VAUGHN</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					
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>125°F</u>					
LIQUID WASTE DISPOSAL					
✓					
22. Sewage and wastewater properly disposed					
VERMIN					
✓					
23. No rodents, insects, birds, or animals					
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					
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) <u>Caitlin Smart</u>	Title _____
Received by (Signature) <u>Caitlin Smart</u>	
Specialist (Print) <u>Dennis Eck</u>	Specialist (Signature) <u>[Signature]</u>
Re-inspection Date: <u>Next Routine</u>	

GREAT SANITATION OBSERVED

-Thanks!