



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: 5/10/24

Facility Name: PLUMAS COUNTY SENIOR NUTRITION - QUINCY	Phone Number _____	PR ID # 262
Facility Site Address: 274 LAWRENCE ST	City: QUINCY	Zip 95971
Permit #: 24-229	Exp Date: 2/1/25	Permit Holder: Plumas County Public Health
		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				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: Debbie Appleby Exp. Date 7/21/28				
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		
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 120°F	
LIQUID WASTE DISPOSAL		
22. Sewage and wastewater properly disposed		
VERMIN		
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)

Debbie Appleby

Specialist (Print)

Dawn Fink

Specialist (Signature)

Re-inspection Date:

Next Routine

OBSERVATIONS AND CORRECTIVE ACTIONS

1) Freezer on Northern wall is not reaching 0°F or below according to temp logs and observation during inspection.
Have serviced so temperature is maintained at 0°F or below.
Move freezer items to working freezer in the interim.

14) Dishwasher has no detectable sanitizer - Please have serviced
~~so~~ so rinseate reaches 50 ppm detectable chlorine concentrations
- Use a 100ppm dip in 3-compartment sink until dishwasher
is repaired. chlorine
or 200ppm Quat.

Received by (Print)

Title

Received by (Signature)

Debbie Appley

Specialist (Print)

Dennis Ede

Specialist (Signature)

Re-inspection Date:

Next Routine