



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: 5/13/24

|  |                              |                            |
|--|------------------------------|----------------------------|
| Facility Name: <u>PUSD Indian Valley</u> | Phone Number <u>281-7197</u> | PR ID # <u>434</u>         |
| Facility Site Address: <u>255 Grand</u>  | City: <u>Groesbeck</u>       | Zip <u>95947</u>           |
| Permit #: <u>23-389</u>                  | Exp Date: <u>8/1/28</u>      | Permit Holder: <u>PUSD</u> |

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 | OUT |
|---|---|------|-----|-----|
| <b>DEMONSTRATION OF KNOWLEDGE</b>                                   |   |      |     |     |
| X   | 1. Demonstration of knowledge; food safety certification      |      |     |     |
| Food Safety Cert Name: <u>Wendy Morris</u> Exp. Date <u>8/25/28</u> |   |      |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>                     |   |      |     |     |
| 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            |      |     |     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>                            |   |      |     |     |
| X   | 5. Hands clean and properly washed; gloves used properly      |      |     |     |
| X   | 6. Adequate handwashing facilities supplied & accessible      |      |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>                           |   |      |     |     |
| 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               |      |     |     |
| <b>PROTECTION FROM CONTAMINATION</b>                                |   |      |     |     |
| 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                |      |     |     |

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

| In  | N/O-N/A | CO S | MAJ | OUT |
|---|---------|------|-----|-----|
| <b>SUPERVISION</b>  |         |      |     |     |
| 24. Person in charge present and performs duties                          |         |      |     |     |
| <b>PERSONAL CLEANLINESS</b>   |         |      |     |     |
| 25. Personal cleanliness and hair restraints                              |         |      |     |     |
| <b>GENERAL FOOD SAFETY REQUIREMENTS</b>                                   |         |      |     |     |
| 26. Approved thawing methods used, frozen food                            |         |      |     |     |
| 27. Food separated and protected  |         |      |     |     |
| 28. Washing fruits and vegetables   |         |      |     |     |
| 29. Toxic substances properly identified, stored, used                    |         |      |     |     |
| <b>FOOD STORAGE/ DISPLAY/ SERVICE</b>                                     |         |      |     |     |
| 30. Food storage; food storage containers identified                      |         |      |     |     |
| 31. Consumer self-service   |         |      |     |     |
| 32. Food properly labeled & honestly presented                            |         |      |     |     |
| <b>EQUIPMENT/ UTENSILS/ LINENS</b>  |         |      |     |     |
| 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              |         |      |     |     |

| <b>OUT</b>  |  |
|---|--|
| 39. Thermometers provided and accurate                          |  |
| 40. Wiping cloths: properly used and stored                     |  |
| <b>PHYSICAL FACILITIES</b>                                      |  |
| 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          |  |
| <b>PERMANENT FOOD FACILITIES</b>                                |  |
| 45. Floor, walls and ceilings: built, maintained, and clean     |  |
| 46. No unapproved private homes/ living or sleeping quarters    |  |
| <b>SIGNS/ REQUIREMENTS</b>                                      |  |
| 47. Signs posted; last inspection report available              |  |
| <b>COMPLIANCE &amp; ENFORCEMENT</b>                             |  |
| 48. Plan Review   |  |
| 49. Permits Available   |  |
| 50. Impoundment   |  |
| 51. Permit Suspension   |  |

Received by (Print) Wendy Morris

Title

Received by (Signature) Wendy Morris

Specialist (Print) Pat Sanders

Specialist (Signature) Pat Sanders

Re-inspection Date: