



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>ROUND TABLE PIZZA</u>     | Phone Number _____       | PR ID # <u>154</u>                   |
| Facility Site Address: <u>60 E Main St.</u> | City: <u>QUINCY</u>      | Zip <u>95971</u>                     |
| Permit #: <u>24-121</u>                     | Exp Date: <u>12/1/24</u> | Permit Holder: <u>Kerri Hoover</u>   |
|   |                          | Type of Inspection: <u>Complaint</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   | CO S   | MAJ | OUT |
|---|---|--|-----|-----|
| <b>DEMONSTRATION OF KNOWLEDGE</b>                                   |   |  |     |     |
| <input checked="" type="checkbox"/>                                 | 1. Demonstration of knowledge; food safety certification      |  |     |     |
| Food Safety Cert Name: <u>Kerri Hoover</u> Exp. Date <u>7/13/24</u> |   |  |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>                     |   |  |     |     |
| <input checked="" type="checkbox"/>                                 | 2. Communicable disease; reporting, restrictions & exclusions |  |     |     |
| <input checked="" type="checkbox"/>                                 | 3. No discharge from eyes, nose, and mouth                    |  |     |     |
| <input checked="" type="checkbox"/>                                 | 4. Proper eating, tasting, drinking or tobacco use            |  |     |     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>                            |   |  |     |     |
| <input checked="" type="checkbox"/>                                 | 5. Hands clean and properly washed; gloves used properly      |  |     |     |
| <input checked="" type="checkbox"/>                                 | 6. Adequate handwashing facilities supplied & accessible      |  |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>                           |   |  |     |     |
| <input checked="" type="checkbox"/>                                 | 7. Proper hot and cold holding temperatures                   |  |     |     |
| <input checked="" type="checkbox"/>                                 | 8. Time as a public health control; procedures & records      |  |     |     |
| <input checked="" type="checkbox"/>                                 | 9. Proper cooling methods                                     |  |     |     |
| <input checked="" type="checkbox"/>                                 | 10. Proper cooking time & temperatures                        |  |     |     |
| <input checked="" type="checkbox"/>                                 | 11. Proper reheating procedures for hot holding               |  |     |     |
| <b>PROTECTION FROM CONTAMINATION</b>                                |   |  |     |     |
| <input checked="" type="checkbox"/>                                 | 12. Returned and re-service of food                           |  |     |     |
| <input checked="" type="checkbox"/>                                 | 13. Food in good condition, safe and unadulterated            | <u>San Pallets +<br/>Dopp +<br/>Chlorine</u> |     |     |
| <input checked="" type="checkbox"/>                                 | 14. Food contact surfaces: clean and sanitized                |  |     |     |

| <b>FOOD FROM APPROVED SOURCES</b>           |   | <b>cos MAJ OUT</b> |
|---|---|--------------------|
| <input checked="" type="checkbox"/>         | 15. Food obtained from approved source  |                    |
| <input checked="" type="checkbox"/>         | 16. Compliance with shell stock tags, condition, display                                    |                    |
| <input checked="" type="checkbox"/>         | 17. Compliance with Gulf Oyster Regulations   |                    |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b> |   |                    |
| <input checked="" type="checkbox"/>         | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |                    |
| <b>CONSUMER ADVISORY</b>                    |   |                    |
| <input checked="" type="checkbox"/>         | 19. Consumer advisory provided for raw or undercooked foods                                 |                    |
| <b>Highly Susceptible Populations</b>       |   |                    |
| <input checked="" type="checkbox"/>         | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |                    |
| <b>WATER/HOT WATER</b>                      |   |                    |
| <input checked="" type="checkbox"/>         | 21. Hot and cold water available  | Temp <u>120°F</u>  |
| <b>LIQUID WASTE DISPOSAL</b>                |   |                    |
| <input checked="" type="checkbox"/>         | 22. Sewage and wastewater properly disposed   |                    |
| <b>VERMIN</b>                               |   |                    |
| <input checked="" type="checkbox"/>         | 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              |         |      |     |     |

|   |     |
|---|-----|
| 39. Thermometers provided and accurate                          | OUT |
| 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) <u>Brianna Brewer</u> | Title _____                         |
| Received by (Signature) <u>Dee</u>        |                                     |
| Specialist (Print) <u>Dennis Eck</u>      | Specialist (Signature) <u>S. A.</u> |
| Re-inspection Date: <u>Next Routine</u>   |                                     |

Facility Name: ROUND TABLE PIZZA

FAID # 154

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Date of Inspection: 5/17/24

OBSERVATIONS AND CORRECTIVE ACTIONS

Investigating Complaint 24-07-

- Temps OK in sandwich fridges (41°F or below) for sandwich, pizza, wing items.
- Freezer items at ~0°F
- Sanitizer buckets were to specification (100ppm + free chlorine)
- Temp logs for refrigeration units unavailable during inspection, but all temps OK during inspections

Observations

- No potential food borne illness sources found during inspection.  
Good sanitation observed.
- Last Routine inspection = 4/30/24

Received by (Print)

Brianna Brewer

Title

Received by (Signature)

RE K

Specialist (Print)

Dennis Eck

Specialist (Signature)

Re-inspection Date:

Next Routine

Log No. -07

**PLUMAS COUNTY**  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

**REQUEST FOR SERVICE**

|                 |                    |   |
|-----------------|--------------------|---|
| Animals         | Complaint Against: | Round Table   |
| Food            | Address:           | Quincy  |
| Garbage         |                    |   |
| Housing         | APN:               |   |
| Insects         | Telephone:         |   |
| Rodents         | Nature of Request: | RP had chicken Club Sandwich<br>and buffalo wings. Believes wings might be spoiled.<br>3-4 hours after consuming had abdominal<br>pain, diarrhea, vomiting. Believes he<br>has food poisoning |
| Sewage          |                    |   |
| Water           |                    |   |
| U.S.T.          |                    |   |
| Hazardous Waste |                    |   |
| Other           |                    |   |

Date Reported: 5/16/24 Received By: SG

Letter  Phone  Visit

Date Investigated: 5/17/24

**RESULTS**

Action Taken Conducted inspection of facility and reiterated  
with current site manager that temp + time for held foods is  
crucial - although no problems were found during insp. - will file report.  
- Left w/ complainant

Date Complainant Notified: 5/17/24