



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: 11/5/24

| | | |
|--|-------------------------|--|
| Facility Name: <u>FEATHER RIVER FOOD CO-OP PORTOLA</u> | Phone Number: _____ | PR ID # <u>130</u> |
| Facility Site Address: <u>60 N. PINE ST.</u> | City: <u>PORTOLA</u> | Zip <u>96122</u> |
| Permit #: <u>24-097</u> | Exp Date: <u>8/5/25</u> | Permit Holder: <u>QUINCY NATURAL FOODS, INC.</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 = 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 | COS | MAJ | OUT |
|---|---------|-----|-----|-----|
| DEMONSTRATION OF KNOWLEDGE | | | | |
| 1. Demonstration of knowledge; food safety certification | | | | |
| Food Safety Cert Name: <u>Sara Ludwig</u> Exp. Date <u>3/21/28</u> | | | | |
| 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 <u>gloves observed</u> | | | | |
| 6. Adequate handwashing facilities supplied & accessible | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| 7. Proper hot and cold holding temperatures <u>hot & cold</u> | | | | |
| 8. Time as a public health control; procedures & records | | | | |
| 9. Proper cooling methods | | | | |
| 10. Proper cooking time & temperatures <u>employee communication 165°F</u> | | | | |
| 11. Proper reheating procedures for hot holding <u>to inspector</u> | | | | |
| 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 | | | | |

| In | N/O/N/A | FOOD FROM APPROVED SOURCES | COS | MAJ | OUT |
|---|---------|----------------------------|-----|-----|-----|
| 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>120°F</u> | | | | | |
| LIQUID WASTE DISPOSAL | | | | | |
| 22. Sewage and wastewater properly disposed | | | | | |
| VERMIN | | | | | |
| 23. No rodents, insects, birds, or animals | | | | | |

| SUPERVISION | | OUT |
|---|--|-----|
| 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 | OUT |
|---|-----|
| 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 | |

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|--|----------------------------------|
| Received by (Print) <u>Karen Cameron</u> | Title <u>Manager</u> |
| Received by (Signature) <u>Karen Cameron</u> | |
| Specialist (Print) <u>Dennis Eick</u> | Specialist (Signature) <u>DS</u> |
| Re-inspection Date <u>Next Routine</u> | |

Good Sanitation observed

Thank you!