



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: 11/7/24

| | | |
|---|---------------------|---------------------------------------|
| Facility Name: <u>THE DRUNK BRUSH</u> | Phone Number: _____ | PR ID #: <u>124</u> |
| Facility Site Address: <u>438 Main St</u> | City: <u>Quincy</u> | Zip: <u>95971</u> |
| Permit #: <u>Expired?</u> | Exp Date: <u>—</u> | Permit Holder: <u>Richard Jacobus</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: _____ 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 <u>No Penstrokes</u> |
| | | | | | 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 <u>Staranne</u> |

| In | N/O | N/A | COS | MAJ | OUT |
|---|-----|-----|-----|-----|---|
| 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>109.5</u> |
| LIQUID WASTE DISPOSAL | | | | | |
| | | | | | 22. Sewage and wastewater properly disposed |
| VERMIN | | | | | |
| | | | | | 23. No rodents, insects, birds, or animals |

| In | N/O | N/A | COS | MAJ | OUT |
|---|-----|-----|-----|-----|---|
| 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 |

| In | N/O | N/A | COS | MAJ | 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) <u>W. Jacobus</u> | |
| Specialist (Print) <u>Dennis Eck</u> | Specialist (Signature) <u>[Signature]</u> |
| Re-inspection Date: <u>Next Routine</u> | |

Facility Name:

The Drunk Brush

FA ID # 91

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Date of Inspection: 11/7/24

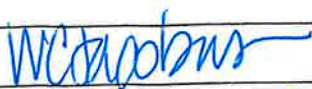
OBSERVATIONS AND CORRECTIVE ACTIONS

- 1) Last manager cert on file expired 1/29/24 - including permit
Please have manager cert within 30 days.
Send to quincyenv@countyofplumas.com
- 2) Hot water temp @ 109.5°F. Please adjust to reach 120°F +
- 4) Install vacuum breaker on threaded faucet in bathroom (utility sink)

Received by (Print)

Title

Received by (Signature)



Specialist (Print)

Dennis Fick

Specialist (Signature)



Re-inspection Date:

Next Routine