



**PLUMAS COUNTY
ENVIRONMENTAL HEALTH DIVISION
*FOOD SAFETY EVALUATION REPORT***

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Date of Inspection: 12/13/24

Facility Name: Subway SANDWICHES - QUINCY Phone Number 959-71
Facility Site Address: 23 Crescent St. City: Quincy Zip: 95971
Permit #: 24-238 Exp Date: 9/16/25 Permit Holder: Ravi Gundimeda

PR ID # 271

Type of Inspection:

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/ON/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	

Received by (Print)

Title

Received by (Signature)

John John
Specialist (Signature)

Re-inspection Date:

Good sanitation observed.