



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: 12/13/24

Facility Name: <u>DRAGONFLY CAFE</u>	Phone Number: <u>95971</u>	PR ID #: <u>2229</u>
Facility Site Address: <u>461 Main St.</u>	City: <u>Quincy</u>	Zip: <u>95971</u>
Permit #: <u>Pending</u>	Exp Date: _____	Permit Holder: <u>Plumas Crisis Center + Resource Center</u>
		Type of Inspection: <u>Preopening Reinsp.</u>

See reverse side for the code sections and general requirements that correspond to each violation listed below

In	N/O	N/A	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE					
<input checked="" type="checkbox"/>					
1. Demonstration of knowledge; food safety certification					
Food Safety Cert Name: <u>Kristen Boudie</u> Exp. Date: <u>7/16/24</u>					
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<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					
PREVENTING CONTAMINATION BY HANDS					
<input checked="" type="checkbox"/>					
5. Hands clean and properly washed; gloves used properly					
<input checked="" type="checkbox"/>					
6. Adequate handwashing facilities supplied & accessible					
TIME AND TEMPERATURE RELATIONSHIPS					
<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					
PROTECTION FROM CONTAMINATION					
<input checked="" type="checkbox"/>					
12. Returned and re-service of food					
<input checked="" type="checkbox"/>					
13. Food in good condition, safe and unadulterated					
<input checked="" type="checkbox"/>					
14. Food contact surfaces: clean and sanitized					

In	N/O	N/A	COS	MAJ	OUT
SUPERVISION					
<input checked="" type="checkbox"/>					
24. Person in charge present and performs duties					
PERSONAL CLEANLINESS					
<input checked="" type="checkbox"/>					
25. Personal cleanliness and hair restraints					
GENERAL FOOD SAFETY REQUIREMENTS					
<input checked="" type="checkbox"/>					
26. Approved thawing methods used; frozen food					
<input checked="" type="checkbox"/>					
27. Food separated and protected					
<input checked="" type="checkbox"/>					
28. Washing fruits and vegetables					
<input checked="" type="checkbox"/>					
29. Toxic substances properly identified, stored, used					
FOOD STORAGE/ DISPLAY/ SERVICE					
<input checked="" type="checkbox"/>					
30. Food storage; food storage containers identified					
<input checked="" type="checkbox"/>					
31. Consumer self-service					
<input checked="" type="checkbox"/>					
32. Food properly labeled & honestly presented					
EQUIPMENT/ UTENSILS/ LINENS					
<input checked="" type="checkbox"/>					
33. Nonfood contact surfaces clean					
<input checked="" type="checkbox"/>					
34. Warewashing facilities: installed, maintained, used; test strips					
<input checked="" type="checkbox"/>					
35. Equipment/ Utensils approved; installed; clean; good repair, capacity					
<input checked="" type="checkbox"/>					
36. Equipment, utensils and linens: storage and use					
<input checked="" type="checkbox"/>					
37. Vending machines					
<input checked="" type="checkbox"/>					
38. Adequate ventilation and lighting; designated areas, use					

In	N/O	N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES					
<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					
CONFORMANCE WITH APPROVED PROCEDURES					
<input checked="" type="checkbox"/>					
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan					
<input checked="" type="checkbox"/>					
SB 13 83 Food Diversion Program					
CONSUMER ADVISORY					
<input checked="" type="checkbox"/>					
19. Consumer advisory provided for raw or undercooked foods					
Highly Susceptible Populations					
<input checked="" type="checkbox"/>					
20. Licensed health care facilities/ public & private schools; prohibited foods not offered					
WATER/HOT WATER					
<input checked="" type="checkbox"/>					
21. Hot and cold water available					
Temp _____					
LIQUID WASTE DISPOSAL					
<input checked="" type="checkbox"/>					
22. Sewage and wastewater properly disposed					
VERMIN					
<input checked="" type="checkbox"/>					
23. No rodents, insects, birds, or animals					

Received by (Print) <u>Bryan Black</u>	Title <u>Contractor</u>
Received by (Signature) <u>[Signature]</u>	
Specialist (Print) <u>Dennis Eck</u>	Specialist (Signature) <u>[Signature]</u>
Re-inspection Date: <u>1st Routine when operation</u>	

Facility Name:

Dragonfly Cafe

FA ID # 1360

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Date of Inspection: 12/13/24

OBSERVATIONS AND CORRECTIVE ACTIONS

34) New drain board ordered - wrong size received.
install when received.

35) Delete section of "L" bracket under hood to allow grease to
drain into cup.

- Install shutterproof bulb in hood.

- Silicon sinks/equipment to wall once final locations are finalized.

- Permitted to operate -

Received by (Print)



Title

contractor

Received by (Signature)

Specialist (Print)

Dennis Fick

Specialist (Signature)



Re-inspection Date:

1st Routine
when operation.