



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

pg 1 of ____

Date of Inspection: 12/27/24

Facility Name: <u>ANTOITOS EL GUERO</u>	Phone Number: _____	PR ID # <u>2228</u>
Facility Site Address: _____	City: <u>Portola</u>	Zip: <u>76122</u>
Permit #: <u>Pending/Processing</u>	Permit Holder: <u>Antonio Bautista</u>	Type of Inspection: <u>1st Routine</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				
1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Food Safety Cert Name: <u>Antonio Bautista</u> Exp. Date: <u>12/27/24</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
2. Communicable disease; reporting, restrictions & exclusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
3. No discharge from eyes, nose, and mouth <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
4. Proper eating, tasting, drinking or tobacco use <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
PREVENTING CONTAMINATION BY HANDS				
5. Hands clean and properly washed; gloves used properly <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
6. Adequate handwashing facilities supplied & accessible <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
TIME AND TEMPERATURE RELATIONSHIPS				
7. Proper hot and cold holding temperatures <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
8. Time as a public health control; procedures & records <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
9. Proper cooling methods <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
10. Proper cooking time & temperatures <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
11. Proper reheating procedures for hot holding <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
PROTECTION FROM CONTAMINATION				
12. Returned and re-service of food <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
13. Food in good condition, safe and unadulterated <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
14. Food contact surfaces: clean and sanitized <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
FOOD FROM APPROVED SOURCES				
15. Food obtained from approved source <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
16. Compliance with shell stock tags, condition, display <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
17. Compliance with Gulf Oyster Regulations <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
CONFORMANCE WITH APPROVED PROCEDURES				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
SB 13 83 Food Diversion Program <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
CONSUMER ADVISORY				
19. Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
Highly Susceptible Populations				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
WATER/HOT WATER				
21. Hot and cold water available <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Temp <u>120°F</u>				
LIQUID WASTE DISPOSAL				
22. Sewage and wastewater properly disposed <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
VERMIN				
23. No rodents, insects, birds, or animals <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

SUPERVISION		OUT
24. Person in charge present and performs duties <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		OUT
PERSONAL CLEANLINESS		
25. Personal cleanliness and hair restraints <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
GENERAL FOOD SAFETY REQUIREMENTS		
26. Approved thawing methods used, frozen food <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
27. Food separated and protected <u>-COS-</u> <input checked="" type="checkbox"/> <input type="checkbox"/>		
28. Washing fruits and vegetables <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
29. Toxic substances properly identified, stored, used <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
FOOD STORAGE/ DISPLAY/ SERVICE		
30. Food storage; food storage containers identified <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
31. Consumer self-service <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
32. Food properly labeled & honestly presented <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
EQUIPMENT/ UTENSILS/ LINENS		
33. Nonfood contact surfaces clean <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
34. Warewashing facilities: installed, maintained, used; test strips <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
35. Equipment/ Utensils approved; installed; clean; good repair, capacity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
36. Equipment, utensils and linens: storage and use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
37. Vending machines <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
38. Adequate ventilation and lighting; designated areas, use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
PHYSICAL FACILITIES		
39. Thermometers provided and accurate <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
40. Wiping cloths: properly used and stored <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
PERMANENT FOOD FACILITIES		
41. Plumbing: proper backflow devices <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
42. Garbage and refuse properly disposed; facilities maintained <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
43. Toilet facilities: properly constructed, supplied, cleaned <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
44. Premises; personal/cleaning items; vermin-proofing <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
SIGNS/ REQUIREMENTS		
45. Floor, walls and ceilings: built, maintained, and clean <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
46. No unapproved private homes/ living or sleeping quarters <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
SIGN/ REQUIREMENTS		
47. Signs posted; last inspection report available <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
COMPLIANCE & ENFORCEMENT		
48. Plan Review <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
49. Permits Available <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
50. Impoundment <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
51. Permit Suspension <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Received by (Print)	Title
Received by (Signature)	
Specialist (Print)	Specialist (Signature)
Dennis Eick	
Re-inspection Date: <u>1 week</u>	

Facility Name: Antojitos El Guero.

FAID #

Pg 2 of 2

Date of Inspection: 12/27/24

OBSERVATIONS AND CORRECTIVE ACTIONS

1) Obtain manager certification (Food Safety certification) within 30 days. Ensure all employees obtain food handler's cards within 30 days of hire.

14) Employee not educated on proper sanitizing step - language barrier @ time of inspection will inform owner via telephone.

19) Ceviche being prepared at time of inspection - must be a consumer advisory posted for raw and undercooked foods.

27) Shrimp were being prepared using 3-compartment sink. It was communicated that only the prep sink is to be used for food prep/washing.

42) Build up of trash bags and trash on the ground at back door. Tight fitting, lockable trash receptacles are required with refuse removed by trash service at least 2x per week.

Received by (Print)

Received by (Signature) Matthews

Specialist (Print)

Dennis Fick

Specialist (Signature) D. Fick

Title

Re-inspection Date: 1 week