



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: 12/31/24

Facility Name: <u>THE COFFEEHOUSE</u>	Phone Number: _____	PR ID # <u>2227</u>
Facility Site Address: <u>384 MAIN ST</u>	City: <u>QUINCY</u>	Zip: <u>95971</u>
Permit #: <u>25-1358</u>	Exp Date: <u>4/1/25</u>	Permit Holder: <u>KELSHA SUTHERLAND</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					
<input checked="" type="checkbox"/>					
1. Demonstration of knowledge; food safety certification					
Food Safety Cert Name: <u>Kelsha Hardy</u> Exp. Date <u>7/31/28</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 <u>Cold</u>					
<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 <u>QUAT TAIDS</u>					

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 <u>120°F</u>					
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					

	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	<input checked="" type="checkbox"/>
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	

	OUT
39. Thermometers provided and accurate	
40. Wiping cloths: properly used and stored	
PHYSICAL FACILITIES	
41. Plumbing: proper backflow devices	<input checked="" type="checkbox"/>
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) Lilly Ritchey

Title

Received by (Signature) Lilly Ritchey

Specialist (Print) Dennis Feb

Specialist (Signature) [Signature]

Re-inspection Date: Next Routine

Facility Name: The Coffee house

FA ID # 1358

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Date of Inspection: 12/31/24

OBSERVATIONS AND CORRECTIVE ACTIONS

- 41) One sink at 3-compartment sink is not connected to piping. Please repair so it flows to floor sink like the others.
- 32) Items are found on floor of walk-in. Please store food items on shelving or surfaces ~6" off floor.
- Corrected on site.

Note - all employees should have food handler's card within 30 days.

- long term goal to replace floor in walk-in.

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Title

Received by (Signature) Lilly Ritchey

Specialist (Print) Dennis Eck

Specialist (Signature) [Signature]

Re-inspection Date:

Next Routine