



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: 1/15/25

Facility Name: <u>Dollar General - Portola</u>	Phone Number: _____	PR ID # _____
Facility Site Address: <u>543 W Sierra Ave</u>	City: <u>Portola</u>	Zip: <u>96122</u>
Permit #: <u>24-825</u>	Exp Date: <u>6/1/25</u>	Permit Holder: <u>Dolger California LLC</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: <u>Non-Prof Exempt</u> 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				
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				

In	N/O/N/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		
LIQUID WASTE DISPOSAL							
22. Sewage and wastewater properly disposed							
VERMIN							
23. No rodents, insects, birds, or animals					Ecolab		

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		

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) Ethan Battam

Title _____

Received by (Signature) Ethan Battam

Specialist (Print) Dennis Ede

Re-inspection Date: Next Routine