



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: 1/13/25

Facility Name: <u>NICHOLE'S COFFEE DEPOT</u>	Phone Number: _____	PR ID #: <u>388</u>
Facility Site Address: <u>5 W. SIERRA</u>	City: <u>PARTOLA</u>	Zip: <u>96122</u>
Permit #: <u>24-350</u>	Exp Date: <u>5/1/25</u>	Permit Holder: <u>NICHOLE BRASHEAR</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	N/O	N/A	COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>					
<input checked="" type="checkbox"/>					
1. Demonstration of knowledge; food safety certification					
Food Safety Cert Name: <u>Jessica Chittenden</u> Exp. Date: <u>12/5/24</u>					
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
<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					
<b>PREVENTING CONTAMINATION BY HANDS</b>					
<input checked="" type="checkbox"/>					
5. Hands clean and properly washed; gloves used properly					
<input checked="" type="checkbox"/>					
6. Adequate handwashing facilities supplied & accessible					
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
<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					
<b>PROTECTION FROM CONTAMINATION</b>					
<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
<b>FOOD FROM APPROVED SOURCES</b>					
<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					
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>					
<input checked="" type="checkbox"/>					
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan					
<b>SB 13 83 Food Diversion Program</b>					
<b>CONSUMER ADVISORY</b>					
<input checked="" type="checkbox"/>					
19. Consumer advisory provided for raw or undercooked foods					
<b>Highly Susceptible Populations</b>					
<input checked="" type="checkbox"/>					
20. Licensed health care facilities/ public & private schools; prohibited foods not offered					
<b>WATER/HOT WATER</b>					
<input checked="" type="checkbox"/>					
21. Hot and cold water available Temp <u>120°F+</u>					
<b>LIQUID WASTE DISPOSAL</b>					
<input checked="" type="checkbox"/>					
22. Sewage and wastewater properly disposed					
<b>VERMIN</b>					
<input checked="" type="checkbox"/>					
23. No rodents, insects, birds, or animals					

In	N/O	N/A	COS	MAJ	OUT
<b>SUPERVISION</b>					
<input checked="" type="checkbox"/>					
24. Person in charge present and performs duties					
<b>PERSONAL CLEANLINESS</b>					
<input checked="" type="checkbox"/>					
25. Personal cleanliness and hair restraints					
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>					
<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					
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>					
<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					
<b>EQUIPMENT/ UTENSILS/ LINENS</b>					
<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
<input checked="" type="checkbox"/>					
39. Thermometers provided and accurate					
<input checked="" type="checkbox"/>					
40. Wiping cloths: properly used and stored					
<b>PHYSICAL FACILITIES</b>					
<input checked="" type="checkbox"/>					
41. Plumbing: proper backflow devices					
<input checked="" type="checkbox"/>					
42. Garbage and refuse properly disposed; facilities maintained					
<input checked="" type="checkbox"/>					
43. Toilet facilities: properly constructed, supplied, cleaned					
<input checked="" type="checkbox"/>					
44. Premises; personal/cleaning items; vermin-proofing					
<b>PERMANENT FOOD FACILITIES</b>					
<input checked="" type="checkbox"/>					
45. Floor, walls and ceilings: built, maintained, and clean					
<input checked="" type="checkbox"/>					
46. No unapproved private homes/ living or sleeping quarters					
<b>SIGNS/ REQUIREMENTS</b>					
<input checked="" type="checkbox"/>					
47. Signs posted; last inspection report available					
<b>COMPLIANCE &amp; ENFORCEMENT</b>					
<input checked="" type="checkbox"/>					
48. Plan Review					
<input checked="" type="checkbox"/>					
49. Permits Available					
<input checked="" type="checkbox"/>					
50. Impoundment					
<input checked="" type="checkbox"/>					
51. Permit Suspension					

Received by (Print) <u>Jessica Chittenden</u>	Title _____
Received by (Signature) <u>[Signature]</u>	
Specialist (Print) <u>Dennis Eide</u>	Specialist (Signature) <u>[Signature]</u>
Re-inspection Date: <u>Next Routine</u>	

7) Sandwich fridge @ ~45-47°F. Please adjust/ service to maintain 41°F or below. Employees communicated it was serviced after last inspection.  
- Suggest temp logs to monitor operation of fridge.