



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: 1/29/25

| | | |
|-------------------------------------------------------------|-------------------------|---------------------------------------------------|
| Facility Name: <u>PLUMAS COUNTY SENIOR NUTRITION QUINCY</u> | Phone Number: _____ | PR ID # <u>262</u> |
| Facility Site Address: <u>274 LAWRENCE ST</u> | City: <u>QUINCY</u> | Zip: <u>95971</u> |
| Permit #: <u>25-229</u> | Exp Date: <u>2/1/26</u> | Permit Holder: <u>Plumas County Public Health</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>Debbie Appley</u> Exp. Date <u>2/2/28</u> | | | | |
| 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 <u>Soyoun Dahmuthar</u> | | | | |

| In | N/O/N/A | FOOD FROM APPROVED SOURCES | COS | MAJ | OUT |
|---------------------------------------------------------------------------------------------|---------|----------------------------|-----|-----|-----|
| CONFORMANCE WITH APPROVED PROCEDURES | | | | | |
| 15. Food obtained from approved source | | | | | |
| 16. Compliance with shell stock tags, condition, display | | | | | |
| 17. Compliance with Gulf Oyster Regulations | | | | | |
| 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 <u>120°F</u> | | | | | |
| LIQUID WASTE DISPOSAL | | | | | |
| 22. Sewage and wastewater properly disposed | | | | | |
| VERMIN | | | | | |
| 23. No rodents, insects, birds, or animals | | | | | |

| 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 | | |

| PHYSICAL FACILITIES | | OUT |
|-----------------------------------------------------------------|--|-----|
| 39. Thermometers provided and accurate | | |
| 40. Wiping cloths: properly used and stored | | |
| PERMANENT FOOD 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 | | |
| SIGNS/ REQUIREMENTS | | |
| 45. Floor, walls and ceilings: built, maintained, and clean | | |
| 46. No unapproved private homes/ living or sleeping quarters | | |
| COMPLIANCE & ENFORCEMENT | | |
| 47. Signs posted: last inspection report available | | |
| 48. Plan Review | | |
| 49. Permits Available | | |
| 50. Impoundment | | |
| 51. Permit Suspension | | |

Received by (Print)

Title

Received by (Signature)

John Riff

Specialist (Print)

Dennis Eck

Specialist (Signature)

Re-inspection Date:

Next Routine

| | | |
|--------------------------------------------------------|--------------------------|---------------------------------------------------------------|
| Facility Name: <i>Pumas County Senior Nutrition</i> | PR FA ID # <u>262</u> | Pg <u>2</u> of <u>2</u> Date of Inspection: <u>1/29/25</u> |
|--------------------------------------------------------|--------------------------|---------------------------------------------------------------|

OBSERVATIONS AND CORRECTIVE ACTIONS

7) • Refrigerator near ovens + back door found at 46 - 48°F.
- Keep eye on temp or keep temp logs to ensure 41°F or below

Good sanitation observed during inspection
- Thanks

| | | |
|-------------------------|--------------------|-------------------------------------------|
| Received by (Print) | <i>J. W. Rife</i> | Title |
| Received by (Signature) | <i>J. W. Rife</i> | |
| Specialist (Print) | <i>Dennis Ecke</i> | Specialist (Signature) <i>[Signature]</i> |
| | | Re-inspection Date: <u>Next Routine</u> |