



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 2

Date of Inspection: 3/3/25

Facility Name: <u>BEST WESTERN ROSS QUARTZ</u>	Phone Number: _____	PR ID # <u>80</u>
Facility Site Address: <u>306 MAIN</u>	City: <u>CARLETON</u>	Zip <u>96020</u>
Permit #: <u>25-022-F</u>	Exp Date: <u>4/1/25</u>	Permit Holder: <u>LINDA M FARGO</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: _____ Exp. Date _____				
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				
	<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				

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				
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</u> F				
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				

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		
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		
52. SB1383 Food Diversion Program		
➤ Written contract with food recovery organizations		
➤ Monthly edible foods donation records		

Received by (Print) <u>AMY WACKER</u>	Title <u>F/D</u>
Received by (Signature) <u>[Signature]</u>	
Specialist (Print) <u>PAT SANDERS</u>	Specialist (Signature) <u>[Signature]</u>
Re-inspection Date: _____	

Facility Name:

BEST WESTERN ROSE QUARTZ

FA ID # 80

Pg 2 of 2

Date of Inspection: 3/8/25

OBSERVATIONS AND CORRECTIVE ACTIONS

1. OBTAIN & SIGNIT A CURRENT & VALID MANAGER'S FOOD SAFETY CERTIFICATION TO ENVIRONMENTAL HEALTH PRIOR TO PERMIT EXPIRATION - EXPIRATION DATE IS 4/1/25

Received by (Print)

Amy Wacker

Title

F/D

Received by (Signature)

Amy Wacker

Specialist (Print)

PAT SANDERS

Specialist (Signature)

[Signature]

Re-inspection Date: