



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: 5/9/25

Facility Name: <u>QUINCY ELKS LODGE 1884</u>	Phone Number: _____	PR ID # <u>277</u>
Facility Site Address: <u>2204 E Main St</u>	City: <u>QUINCY</u>	Zip: <u>95571</u>
Permit #: <u>25-364</u>	Exp Date: <u>4/1/20</u>	Permit Holder: <u>Quincy Elks Lodge No. 1884</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>Jennifer Wiley</u>		Exp. Date: <u>4/18/30</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			
<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			

In	N/O-N/A	COS	MAJ	OUT
SUPERVISION				
<input checked="" type="checkbox"/>	24. Person in charge present and performs duties			
PERSONAL CLEANLINESS				
<input checked="" type="checkbox"/>	25. Personal cleanliness and hair restraints			
GENERAL FOOD SAFETY REQUIREMENTS				
<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			
FOOD STORAGE/ DISPLAY/ SERVICE				
<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			
EQUIPMENT/ UTENSILS/ LINENS				
<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			
PHYSICAL FACILITIES				
<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			
PERMANENT FOOD FACILITIES				
<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			
SIGNS/ REQUIREMENTS				
<input checked="" type="checkbox"/>	47. Signs posted; last inspection report available			
COMPLIANCE & ENFORCEMENT				
<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			
<input checked="" type="checkbox"/>	52. SB1383 Food Diversion Program			
	> Written contract with food recovery organizations			
	> Monthly edible foods donation records			

Received by (Print) Sgt. Quido

Title E.D.

Received by (Signature) [Signature]

Specialist (Print) Dennis Eick

Specialist (Signature) [Signature]

Re-inspection Date: Next Routine

Facility Name:

Quincy ELKS LODGE 1884

FA ID #

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OBSERVATIONS AND CORRECTIVE ACTIONS

14) Dishwasher is not dispensing sanitizer. Please have serviced to ensure 50ppm concentration sanitizer is detectable on dish ~~see~~ surfaces after wash cycle.

- or -

Use 100ppm chlorine / 200ppm Ammonia dip in 2-compartment sink - Dip dishes for 30 seconds minimum and air dry.

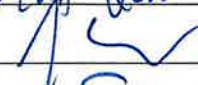
Received by (Print)

Scott Quirk

Title

LR

Received by (Signature)



Specialist (Print)

Dennis Eck

Specialist (Signature)



Re-inspection Date:

Next Routine