



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: 5/7/25

Facility Name: <i>The Coffeehouse</i>	Phone Number: _____	PR ID #: 2227
Facility Site Address: <i>384 Main St</i>	City: <i>Quincy</i>	Zip: <i>95971</i>
Permit #: <i>25-1358</i>	Exp Date: <i>11/1/25</i>	Permit Holder: <i>Kelsa Sutherland</i>
		Type of Inspection: <i>Routine</i>

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 <input checked="" type="checkbox"/>				
Food Safety Cert Name: <i>Kelsa Hardy</i> Exp. Date: <i>7/31/28</i>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
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 <input checked="" type="checkbox"/>				
PREVENTING CONTAMINATION BY HANDS				
5. Hands clean and properly washed; gloves used properly <input checked="" type="checkbox"/>				
6. Adequate handwashing facilities supplied & accessible <input checked="" type="checkbox"/>				
TIME AND TEMPERATURE RELATIONSHIPS				
7. Proper hot and cold holding temperatures <i>cold</i> <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 <input checked="" type="checkbox"/>				
PROTECTION FROM CONTAMINATION				
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 <i>but fails</i> <input checked="" type="checkbox"/>				
<i>Food contact surfaces -</i>				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
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 <input checked="" type="checkbox"/>				
CONFORMANCE WITH APPROVED PROCEDURES				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input checked="" type="checkbox"/>				
CONSUMER ADVISORY				
19. Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/>				
HIGHLY SUSCEPTIBLE POPULATIONS				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered <input checked="" type="checkbox"/>				
WATER/HOT WATER				
21. Hot and cold water available Temp: <i>120°F</i> <input checked="" type="checkbox"/>				
LIQUID WASTE DISPOSAL				
22. Sewage and wastewater properly disposed <input checked="" type="checkbox"/>				
VERMIN				
23. No rodents, insects, birds, or animals <input checked="" type="checkbox"/>				

SUPERVISION		OUT
24. Person in charge present and performs duties		<input checked="" type="checkbox"/>
PERSONAL CLEANLINESS		
25. Personal cleanliness and hair restraints		<input checked="" type="checkbox"/>
GENERAL FOOD SAFETY REQUIREMENTS		
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		<input checked="" type="checkbox"/>
FOOD STORAGE/ DISPLAY/ SERVICE		
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		<input checked="" type="checkbox"/>
EQUIPMENT/ UTENSILS/ LINENS		
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 liners: storage and use		<input checked="" type="checkbox"/>
37. Vending machines		<input checked="" type="checkbox"/>
38. Adequate ventilation and lighting; designated areas, use		<input checked="" type="checkbox"/>

39. Thermometers provided and accurate	OUT
40. Wiping cloths: properly used and stored	<input checked="" type="checkbox"/>
PHYSICAL FACILITIES	
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	<input checked="" type="checkbox"/>
PERMANENT FOOD FACILITIES	
45. Floor, walls and ceilings: built, maintained, and clean	<input checked="" type="checkbox"/>
46. No unapproved private homes/ living or sleeping quarters	<input checked="" type="checkbox"/>
SIGNS/ REQUIREMENTS	
47. Signs posted; last inspection report available	<input checked="" type="checkbox"/>
COMPLIANCE & ENFORCEMENT	
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	<input checked="" type="checkbox"/>
> Written contract with food recovery organizations	
> Monthly edible foods donation records	

Received by (Print)	<i>Maddy Platshorn</i>	Title	<i>Barista</i>
Received by (Signature)	<i>Maddy Platshorn</i>		
Specialist (Print)	<i>Maria Solana</i>	Specialist (Signature)	<i>Maria Solana</i>
			Re-inspection Date: <i>Not in line</i>

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OBSERVATIONS AND CORRECTIVE ACTIONS

#41 3-compartment sink needs faucet handle on cold water. Hot water is not functioning. Backflow preventer should be installed on the faucet thread.

#14 Food contact surfaces (i.e. espresso cups, utensils) need to be properly cleaned and sanitized in the 3-compartment sink. 3-compartment sink should be used for proper sanitation. (100 ppm chlorine, 200 ppm ammonia (Quat tabs) or Steramine tabs)

Received by (Print)

Maddy Platshorn

Title Barista

Received by (Signature)

Maddy Platshorn

Specialist (Print)

Mary Soltan

Specialist (Signature)

Mary Soltan

Re-inspection Date

next routine