



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: 7/16/25

Facility Name: <u>Engelmann Market</u>	Phone Number <u>284-7313</u>	PR ID # <u>126</u>
Facility Site Address: <u>429 Cassia</u>	City: <u>Grass Valley</u>	Zip <u>95947</u>
Permit #: <u>25-093</u>	Exp Date: <u>2/20/26</u>	Permit Holder: <u>VIRK Brothers Group INC.</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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
X				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>Shelia Bowers</u> Exp. Date <u>4/14/28</u>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
X				
2. Communicable disease; reporting, restrictions & exclusions				
X				
3. No discharge from eyes, nose, and mouth				
X				
4. Proper eating, tasting, drinking or tobacco use				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
X				
5. Hands clean and properly washed; gloves used properly				
X				
6. Adequate handwashing facilities supplied & accessible				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
		X	X	
7. Proper hot and cold holding temperatures				
X				
8. Time as a public health control; procedures & records				
X	X			
9. Proper cooling methods				
X				
10. Proper cooking time & temperatures				
X				
11. Proper reheating procedures for hot holding				
<b>PROTECTION FROM CONTAMINATION</b>				
X				
12. Returned and re-service of food				
X				
13. Food in good condition, safe and unadulterated				
X				
14. Food contact surfaces: clean and sanitized				

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
X				
15. Food obtained from approved source				
X				
16. Compliance with shell stock tags, condition, display				
X				
17. Compliance with Gulf Oyster Regulations				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
X				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
<b>CONSUMER ADVISORY</b>				
X				
19. Consumer advisory provided for raw or undercooked foods				
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
X				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
<b>WATER/HOT WATER</b>				
X				
21. Hot and cold water available Temp <u>120°</u> F				
<b>LIQUID WASTE DISPOSAL</b>				
X				
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
23. No rodents, insects, birds, or animals				

	OUT
<b>SUPERVISION</b>	
24. Person in charge present and performs duties	
<b>PERSONAL CLEANLINESS</b>	
25. Personal cleanliness and hair restraints	
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>	
26. Approved thawing methods used; frozen food	
27. Food separated and protected	
28. Washing fruits and vegetables	
29. Toxic substances properly identified, stored, used	
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>	
30. Food storage; food storage containers identified	
31. Consumer self-service	
32. Food properly labeled & honestly presented	
<b>EQUIPMENT/ UTENSILS/ LINENS</b>	
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	

	OUT
39. Thermometers provided and accurate	
40. Wiping cloths: properly used and stored	
<b>PHYSICAL FACILITIES</b>	
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	
<b>PERMANENT FOOD FACILITIES</b>	
45. Floor, walls and ceilings: built, maintained, and clean	X
46. No unapproved private homes/ living or sleeping quarters	
<b>SIGNS/ REQUIREMENTS</b>	
47. Signs posted; last inspection report available	
<b>COMPLIANCE &amp; ENFORCEMENT</b>	
48. Plan Review	
49. Permits Available	
50. Impoundment	
51. Permit Suspension	
52. SB1383 Food Diversion Program	
> Written contract with food recovery organizations	IN
> Monthly edible foods donation records	CONF ANGE

Received by (Print) <u>HRITHIK</u>	Title
Received by (Signature) <u>HR.</u>	
Specialist (Print) <u>PAT SANCOS</u>	Specialist (Signature) <u>[Signature]</u>
Re-inspection Date:	

Facility Name:

EVERGREEN MARKET

FA ID #

Pg \_\_\_\_ of \_\_\_\_

Date of Inspection:

## OBSERVATIONS AND CORRECTIVE ACTIONS

7. Prep Refrigeration @ 65°F+, NO PERMABLES. TWO DOOR TABLE UNIT @ 51°F+  
 APPROXIMATELY 2 1/2 POUNDS OF ASSORTED UNLAWFUL MEAT & ≈ 2 POUNDS OF CHEESE  
 DISPOSED @ TIME OF INSPECTION - DUE TO OUT OF TEMP FOR OVER 4 HOURS 41°F = MINIMUM

45. REPLACE FLOORING IN DELI AREA TO BE PURABLE, SMOOTH, NON-ABRASIVE &  
 EASILY CLEANABLE. - APPEARS THAT REPAIRMENT OF FLOORING WAS STARTED BUT  
 NOT COMPLETED.

- A WARRANT WAS RECEIVED REGARDING VECTOR PROBLEMS - MAINLY MICE. NO OBVIOUS  
 SIGNS @ TIME OF INSPECTION - FACILITY HAS OBTAINED SERVICES OF A QUALIFIED PEST  
 CONTROL COMPANY

Received by (Print)

HRITHIK

Title

Received by (Signature)

HR

Specialist (Print)

PAT SANDERS

Specialist (Signature)



Re-inspection Date: