## In = in compliance  N/O = Not observed  N/A = Not applicable  COS = Corrected on-site  MAJ = Major violation  OUT = Out of Compliance

### DEMONSTRATION OF KNOWLEDGE
- 1. Demonstration of knowledge: food safety certification
- Food Safety Cert Name: Exp. Date

### 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
- 5. Hands clean and properly washed; gloves used properly
- 6. Adequate handwashing facilities supplied & accessible

### PREVENTING CONTAMINATION BY HANDS
- 7. Time and temperature relationships
- 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

### HOT WATER
- 21. Hot and cold water available

### LIQUID WASTE DISPOSAL
- 22. Sewage and wastewater properly disposed

### VERMINS
- 23. No rodents, insects, birds or animals

### SUPERVISION
- 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 labelled & honestly presented

### EQUIPMENT/ UTENSILS/ LINE NS
- 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

---

**PLUMAS COUNTY**
**ENVIRONMENTAL HEALTH DIVISION**
**FOOD SAFETY EVALUATION REPORT**
270 County Hospital Rd., Ste 127 Quinncy, CA 95971
Phone: (530) 263-6355 FAX (530) 263-6241

**Date of Inspection:** 7/8/14

**Facility Name:** Shadetree Produce
**Facility Site Address:** 2135 Meyer Way
**City:** Chico
**Zip:** 95926
**PR ID #:** 925
**Exp Date:** 6/1/14
**Permit Holder:** Anthony Lamb

**Type of Inspection:** Routine

See reverse side for the code sections and general requirements that correspond to each violation listed below.
<table>
<thead>
<tr>
<th>Observation</th>
<th>Corrective Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit fee sent to EA</td>
<td></td>
</tr>
</tbody>
</table>

Received by (Print): **Anthony Lamb**  
Received by (Signature):  
Specialist (Print): **Deborah Anderson**  
Specialist (Signature):  
Re-inspection Date: **Routine**