



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: 6/13/18

Facility Name: <u>Pine Shack Food</u>	Phone Number: <u>258-2593</u>	PR ID # <u>226</u>
Facility Site Address: _____	City: _____	Zip: _____
Permit #: <u>17-4510</u>	Exp Date: <u>10/1/18</u>	Permit Holder: <u>Dennis Hargrave</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				
Food Safety Cert Name: _____ Exp. Date _____				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
X				
X				
X				
PREVENTING CONTAMINATION BY HANDS				
X				
X				
TIME AND TEMPERATURE RELATIONSHIPS				
X				
X				
X				
X				
X				
PROTECTION FROM CONTAMINATION				
X				
X				
X				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
X				
X				
X				
CONFORMANCE WITH APPROVED PROCEDURES				
X				
CONSUMER ADVISORY				
X				
Highly Susceptible Populations				
X				
WATER/HOT WATER				
X				
LIQUID WASTE DISPOSAL				
X				
VERMIN				
X				

In	N/O-N/A	COS	MAJ	OUT
SUPERVISION				
PERSONAL CLEANLINESS				
GENERAL FOOD SAFETY REQUIREMENTS				
FOOD STORAGE/ DISPLAY/ SERVICE				
EQUIPMENT/ UTENSILS/ LINENS				

In	N/O-N/A	COS	MAJ	OUT
PHYSICAL FACILITIES				
PERMANENT FOOD FACILITIES				
SIGNS/ REQUIREMENTS				
COMPLIANCE & ENFORCEMENT				

Received by (Print) Dennis HARGRAVE

Title

Received by (Signature) [Signature]

Specialist (Print) PAT SANDERS

Specialist (Signature) [Signature]

Re-inspection Date:

Facility Name: <u>PINE SHACK FROSTY</u>	FA ID # <u>226</u>	Pg <u>2</u> of <u>2</u> Date of Inspection: <u>6/13/18</u>
---	--------------------	---

OBSERVATIONS AND CORRECTIVE ACTIONS

1. GRAHAM, CASSIE TO TAKE FOOD SAFETY CERTIFICATION TEST, PROOF OF CERTIFICATION TESTING TO BE SUBMITTED TO E.H AS SOON AS POSSIBLE. COMPLETION OF TESTING REQ'D w/ IN 30 DAYS.

Received by (Print) DENNIS HARGRAVE

Title

Received by (Signature) [Signature]

Specialist (Print) PAT SANCHEZ

Specialist (Signature) [Signature]

Re-inspection Date: