



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: 6/19/18

Facility Name: <u>BEST WESTER ROSE QUARTER</u>	Phone Number <u>258-2002</u>	PR ID # <u>50</u>
Facility Site Address: <u>306 MAIN</u>	City: <u>CHESTER</u>	Zip <u>96020</u>
Permit #: <u>17-151141-A</u>	Exp Date: <u>1/1/19</u>	Permit Holder: <u>LAULAN FARREO</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>				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>Ann Marie House</u> Exp. Date <u>7/9/20</u>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<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			
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<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			
<b>PROTECTION FROM CONTAMINATION</b>				
<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
<b>FOOD FROM APPROVED SOURCES</b>				
<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			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>				
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>				
<input checked="" type="checkbox"/>	21. Hot and cold water available	Temp <u>170°F</u>		
<b>LIQUID WASTE DISPOSAL</b>				
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed			
<b>VERMIN</b>				
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals			

<b>SUPERVISION</b>		OUT
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	
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	

Received by (Print)	<u>Danielle Bettcher</u>	Title
Received by (Signature)	<u>Danielle Bettcher</u>	
Specialist (Print)	<u>PAT SANDERS</u>	Specialist (Signature) <u>(Hand)</u>
		Re-inspection Date:

Facility Name: <u>BEST WESTERN Rose Quartz</u>	FA ID #: <u>510</u>	Pg <u>2</u> of <u>2</u> Date of Inspection: <u>6/19/18</u>
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#### OBSERVATIONS AND CORRECTIVE ACTIONS

7. BOTH STAND UP REACH IN REFRIGERATION UNITS ARE OUT OF TEMP. SWING DOOR UNIT @ 58°F, SWING DOOR @ 55°F. ALL PERISHABLE FOOD DISPOSAL OR @ TIME OF INSPECTION.

PER DANIELLE BETTACHE, FACILITY IS AWARE OF UNITS NOT OPERATING CORRECTLY  
TO SERVICE ON UNITS TO BE PERFORMED W/IIN A DAY OR TWO.

Food disposal of:

2 CONTAINERS OF ~~BROILED~~ SAUSAGES (SAVY).

4 GALLONS OF MILK

41 CONTAINERS OF YOGURT

~~STALE BREAD~~

1 CONTAINER OF WAFFLE MIX.

110 EGGS

Received by (Print) <u>Danielle Bettache</u>	Title <u>Front desk</u>
Received by (Signature) <u>Danielle Bettache</u>	
Specialist (Print) <u>Pat Sanders</u>	Specialist (Signature) <u>HJW</u>

Re-inspection Date: