



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: 12/20/18

Facility Name: <u>La Porte General Store</u>	Phone Number: _____	PR ID #: <u>185</u>
Facility Site Address: <u>1851 La Porte Rd.</u>	City: <u>La Porte</u>	Zip: <u>95981</u>
Permit #: <u>P-2018</u>	Exp Date: _____	Permit Holder: _____
Type of Inspection: <u>Pre-Open/Review</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				
1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/>				
Food Safety Cert Name: <u>w/i w/ 60 days.</u> Exp. Date: _____				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Hands clean and properly washed; gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Proper hot and cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Time as a public health control; procedures & records	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Proper cooling methods	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Proper cooking time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Returned and re-service of food	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Food in good condition, safe and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Food contact surfaces: clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>

In	N/O/N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition, display	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations	<input type="checkbox"/>	<input type="checkbox"/>
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	<input type="checkbox"/>	<input type="checkbox"/>
CONSUMER ADVISORY				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Highly Susceptible Populations				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
WATER/HOT WATER				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21. Hot and cold water available	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Temp <u>140° F</u> +	<input type="checkbox"/>	<input type="checkbox"/>
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
VERMIN				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISION		OUT
24. Person in charge present and performs duties		<input type="checkbox"/>
PERSONAL CLEANLINESS		<input type="checkbox"/>
25. Personal cleanliness and hair restraints		<input type="checkbox"/>
GENERAL FOOD SAFETY REQUIREMENTS		<input type="checkbox"/>
26. Approved thawing methods used, frozen food		<input type="checkbox"/>
27. Food separated and protected		<input type="checkbox"/>
28. Washing fruits and vegetables		<input type="checkbox"/>
29. Toxic substances properly identified, stored, used		<input type="checkbox"/>
FOOD STORAGE/ DISPLAY/ SERVICE		<input type="checkbox"/>
30. Food storage; food storage containers identified		<input type="checkbox"/>
31. Consumer self-service		<input type="checkbox"/>
32. Food properly labeled & honestly presented		<input type="checkbox"/>
EQUIPMENT/ UTENSILS/ LINENS		<input type="checkbox"/>
33. Nonfood contact surfaces clean		<input type="checkbox"/>
34. Warewashing facilities: installed, maintained, used; test strips		<input type="checkbox"/>
35. Equipment/ Utensils approved; installed; clean; good repair, capacity		<input type="checkbox"/>
36. Equipment, utensils and linens: storage and use		<input type="checkbox"/>
37. Vending machines		<input type="checkbox"/>
38. Adequate ventilation and lighting; designated areas, use		<input type="checkbox"/>

OUT	
39. Thermometers provided and accurate	
40. Wiping cloths: properly used and stored	
PHYSICAL FACILITIES	
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	
PERMANENT FOOD FACILITIES	
45. Floor, walls and ceilings: built, maintained, and clean	
46. No unapproved private homes/ living or sleeping quarters	
SIGNS/ REQUIREMENTS	
47. Signs posted; last inspection report available	
COMPLIANCE & ENFORCEMENT	
48. Plan Review	
49. Permits Available	
50. Impoundment	
51. Permit Suspension	

Received by (Print) Cherese Peterson

Title: Owner

Received by (Signature) Cherese

Specialist (Print) Pat Sanders

Specialist (Signature) H. Hall

Re-inspection Date: _____

Facility Name: LA PORTE GENERAL STORE

FA ID # 185

Pg 7 of 2

Date of Inspection: 12/20/18

OBSERVATIONS AND CORRECTIVE ACTIONS

1. OBTAIN & SUBMIT Manufacturer's Food Safety Certification to Environmental Health w/in (60) DAYS.
2. Mount Single Service SOAP DISPENSER & Paper TOWELS @ Handwash SINK.

PREP AREA APPROVED FOR OPERATION ONCE SOAP & TOWEL DISPENSER INSTALLED
All New Construction in Prep Area Built per Approved Plans.

Routine inspection of complete store also performed no violations.

Received by (Print)

Cheresa Peterson

Title

Received by (Signature)

Cheresa

Hach

Specialist (Print)

Pat Sanders

Specialist (Signature)

Re-inspection Date: