



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: 12 July 17

Facility Name: <u>TWO RIVERS SHORE (A&P)</u>	Phone Number _____	PR ID # <u>280</u>
Facility Site Address: <u>500 TWO RIVER</u>	City: <u>QUINCY</u>	Zip <u>96103</u>
Permit #: <u>17-148476</u>	Exp Date: _____	Permit Holder: <u>RICHARD SCHWENDINGER</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				
<input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/>				
Food Safety Cert. Name: <u>RAT SCHWENDINGER</u> Exp. Date _____				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/> 2. Communicable disease; reporting, restrictions & exclusions <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 3. No discharge from eyes, nose, and mouth <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 4. Proper eating, tasting, drinking or tobacco use <input checked="" type="checkbox"/>				
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible <input checked="" type="checkbox"/>				
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/> 7. Proper hot and cold holding temperatures <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 8. Time as a public health control; procedures & records <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 9. Proper cooling methods <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 10. Proper cooking time & temperatures <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 11. Proper reheating procedures for hot holding <input checked="" type="checkbox"/>				
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/> 12. Returned and re-service of food <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 13. Food in good condition, safe and unadulterated <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 14. Food contact surfaces: clean and sanitized <input checked="" type="checkbox"/>				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
<input checked="" type="checkbox"/> 15. Food obtained from approved source <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 16. Compliance with shell stock tags, condition, display <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 17. Compliance with Gulf Oyster Regulations <input checked="" type="checkbox"/>				
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input checked="" type="checkbox"/>				
CONSUMER ADVISORY				
<input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/>				
Highly Susceptible Populations				
<input checked="" type="checkbox"/> 20. Licensed health care facilities/ public & private schools; prohibited foods not offered <input checked="" type="checkbox"/>				
WATER/HOT WATER				
<input checked="" type="checkbox"/> 21. Hot and cold water available <input checked="" type="checkbox"/> Temp <u>71.20</u> <input checked="" type="checkbox"/>				
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed <input checked="" type="checkbox"/>				
VERMIN				
<input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals <input checked="" type="checkbox"/>				

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

OUT		
39. Thermometers provided and accurate		<input checked="" type="checkbox"/>
40. Wiping cloths: properly used and stored		<input checked="" type="checkbox"/>
PHYSICAL FACILITIES		
41. Plumbing: proper backflow devices		<input checked="" type="checkbox"/>
42. Garbage and refuse properly disposed; facilities maintained		<input checked="" type="checkbox"/>
43. Toilet facilities: properly constructed, supplied, cleaned		<input checked="" type="checkbox"/>
44. Premises; personal/cleaning items; vermin-proofing		<input checked="" type="checkbox"/>
PERMANENT FOOD FACILITIES		
45. Floor, walls and ceilings: built, maintained, and clean		<input checked="" type="checkbox"/>
46. No unapproved private homes/ living or sleeping quarters		<input checked="" type="checkbox"/>
SIGNS/ REQUIREMENTS		
47. Signs posted; last inspection report available		<input checked="" type="checkbox"/>
COMPLIANCE & ENFORCEMENT		
48. Plan Review		<input checked="" type="checkbox"/>
49. Permits Available		<input checked="" type="checkbox"/>
50. Impoundment		<input checked="" type="checkbox"/>
51. Permit Suspension		<input checked="" type="checkbox"/>

Received by (Print) Patricia A. SCHWENDINGER Title _____

Received by (Signature) Patricia A. Schwendinger

Specialist (Print) Robb Robert E. K.

Specialist (Signature) Robb Robert E. K.

Re-inspection Date: 26/04/07

Facility Name: TWO RIVERS

FAID # 280

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Date of Inspection: 12/10/17

OBSERVATIONS AND CORRECTIVE ACTIONS

H38) Provide shatterproof lighting in walk-in
refrigerators and food storage rooms.

Received by (Print)

Title

Received by (Signature)

Patricia A. Schwendinger

Specialist (Print)

R.B. Robnett

Specialist (Signature)

Re-inspection Date: