PLUMAS COUNTY
ENIRONMENTAL HEALTH DIVISION
FOOD SAFETY EVALUATION REPORT
270 County Hospital Rd., Ste 127 Quincy, CA 95971
Phone: (530) 283-6355  FAX (530) 283-6241

Facility Name: JOHNSON FICKARTS WAY STATION
Facility Site Address: 224 MAIN
City: GRASS VALLEY
Zip: 95949

Permit #: 19-144  Exp Date: 2/1/20  Permit Holder: JOHNSON FICKARTS
Phone Number 283-6018  PR ID #: 177

Type of Inspection: Routine

Date of Inspection: 9/17/19

See reverse side for the code sections and general requirements that correspond to each violation listed below

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**DEMONSTRATION OF KNOWLEDGE**

- 1. Demonstration of knowledge: food safety certification
  - Food Safety Cert Name: [Name]
  - Exp Date: [Date]

**EMPLOYEE HEALTH & HYGIENIC PRACTICES**

- 2. Communicable disease; reporting, restrictions & exclusions
  - [X]
- 3. No discharge from eyes, nose, and mouth
  - [X]
- 4. Proper eating, tasting, drinking or tobacco use
  - [X]

**PREVENTING CONTAMINATION BY HANDS**

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

**TIME AND TEMPERATURE RELATIONSHIPS**

- 7. Proper hot and cold holding temperatures
  - [X]
- 8. Time as a public health control; procedures & records
  - [X]
- 9. Proper cooling methods
  - [X]
- 10. Proper cooling time & temperatures
  - [X]
- 11. Proper reheating procedures for hot holding
  - [X]

**PROTECTION FROM CONTAMINATION**

- 12. Returned and re-service of food
  - [X]
- 13. Food in good condition, safe and unadulterated
  - [X]
- 14. Food contact surfaces: clean and sanitized
  - [X]

**SUPERVISION**

- 24. Person in charge present and performs duties
  - [X]

**PERSONAL CLEANLINESS**

- 25. Personal cleanliness and hair restraints
  - [X]

**GENERAL FOOD SAFETY REQUIREMENTS**

- 26. Approved thawing methods used, frozen food
  - [X]
- 27. Food separated and protected
  - [X]
- 28. Washing fruits and vegetables
  - [X]
- 29. Toxic substances properly identified, stored, used
  - [X]

**FOOD STORAGE/ DISPLAY SERVICE**

- 30. Food storage; food storage containers identified
  - [X]
- 31. Consumer self-service
  - [X]
- 32. Food properly labeled & honestly presented
  - [X]

**EQUIPMENT/ UTENSILS/ LINENS**

- 33. Nonfood contact surfaces clean
  - [X]
- 34. Warewashing facilities: installed, maintained, used; test strips
  - [X]
- 35. Equipment Utensils approved; installed; clean; good repair, capacity
  - [X]
- 36. Equipment, utensils and linens: storage and use
  - [X]
- 37. Vending machines
  - [X]
- 38. Adequate ventilation and lighting; designated areas, use
  - [X]

**FOOD FROM APPROVED SOURCES**

- 15. Food obtained from approved source
  - [X]
- 16. Compliance with shell stock tags, condition, display
  - [X]
- 17. Compliance with Safe Oyster Regulations
  - [X]

**CONFORMANCE WITH APPROVED PROCEDURES**

- 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan
  - [X]

**CONSUMER ADVISORY**

- 19. Consumer advisory provided for raw or undercooked foods
  - [X]
- 20. Licensed health care facilities/ public & private schools; prohibited foods not offered
  - [X]

**WATER/HOT WATER**

- 21. Hot and cold water available
  - Temp [120°F]
  - [X]

**LIQUID WASTE DISPOSAL**

- 22. Sewage and wastewater properly disposed
  - [X]

**VERMIN**

- 23. No rodents, insects, birds, or animals
  - [X]

**SUPPLEMENTAL STANDARDS**

- 39. Thermometers provided and accurate
  - [X]
- 40. Wiping cloths: properly used and stored
  - [X]

**PHYSICAL FACILITIES**

- 41. Plumbing: proper backflow devices
  - [X]
- 42. Garbage and refuse properly disposed; facilities maintained
  - [X]
- 43. Toilet facilities: properly constructed, supplied, cleaned
  - [X]
- 44. Premises; personal/cleaning items; vermin-proofing
  - [X]

**PERMANENT FOOD FACILITIES**

- 45. Floor, walls and ceilings: built, maintained, and clean
  - [X]
- 46. No unapproved private home/ living or sleeping quarters
  - [X]

**SIGNS REQUIREMENTS**

- 47. Signs posted; last inspection report available
  - [X]

**COMPLIANCE & ENFORCEMENT**

- 48. Plan Review
  - [X]
- 49. Permits Available
  - [X]
- 50. Impoundment
  - [X]
- 51. Permit Suspension
  - [X]

Received by (Print): Beverly Hamby
Title: [Title]
Received by (Signature): [Signature]
Specialist (Print): Pat Sanders
Specialist (Signature): [Signature]
Re-inspection Date: [Date]