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

Date of Inspection: 3/4/20

Facility Name: Moons Restaurant
Facility Site Address: 441 W Lawrence St. City: Quincy
Phone Number: 283-9900 PR ID #: 207
Zip: 95971
Expo #: 20-174 Exp Date: 2/27/21 Permit Holder: Celticalifornia Services
Type of Inspection: Pre-Opening

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

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<th>In</th>
<th>N/O/N/A</th>
<th>CO</th>
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**DEMONSTRATION OF KNOWLEDGE**

1. Demonstration of knowledge, food safety certification
   - X

**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
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 cooking time & temperatures
    - X
11. Proper reheating procedures for hot holding
    - X

**PREVENTING CONTAMINATION BY HANDS**

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

**PROTECTION FROM CONTAMINATION**

15. Food from approved sources
    - X
16. Compliance with shell stock tags, condition, display
    - X
17. Compliance with Gulf Oyster Regulations
    - X
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan
    - X
19. Consumer advisory provided for raw or undercooked foods
    - X
20. Licensed health care facilities public & private schools; prohibited foods not offered
    - X
21. Hot and cold water available
    - X
22. Sewage and wastewater properly disposed
    - X
23. No rodents, insects, birds, or animals
    - X

**SUPERVISION**

24. Person in charge present and performs duties
    - X
25. Personal cleanliness and hair restraints
    - X

**PERSONAL CLEANLINESS**

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

**GENERAL FOOD SAFETY REQUIREMENTS**

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

**FOOD STORAGE/ DISPLAY/ SERVICE**

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

**SOURCES**

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 unsanpoce private homes/ 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): Edgar Santos
Received by (Signature):
Specialist (Print): Trinity Stirling
Specialist (Signature):
Re-inspection Date:

Title: Owner

2 months