



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 1

Date of Inspection: 12/16/2020

Facility Name: <u>Goodwin's General Store</u>	Phone Number <u>993-4603</u>	PR ID # <u>133</u>
Facility Site Address: <u>94139 Hwy 70</u>	City: <u>Chilcoot</u>	Zip <u>96105</u>
Permit #: <u>20-099</u>	Exp Date: <u>4/27/21</u>	Permit Holder: <u>Martin Goodwin</u>
		Type of Inspection: SPECIAL

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				
X	1. Demonstration of knowledge; food safety certification	<input checked="" type="checkbox"/>		
Food Safety Cert Name: <u>Donna Matlock</u> Exp. Date <u>4/27/21</u>				
P	2. All food handlers have valid Food Handler Cards	<input type="checkbox"/>		
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
X	3. Communicable disease; reporting, restrictions & exclusions	<input type="checkbox"/>		
P	4. No discharge from eyes, nose, and mouth	<input type="checkbox"/>		
P	5. Proper eating, tasting, drinking or tobacco use	<input checked="" type="checkbox"/>		
PREVENTING CONTAMINATION BY HANDS				
P	6. Hands clean and properly washed; gloves used properly	<input type="checkbox"/>		
P	7. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>		
TIME AND TEMPERATURE RELATIONSHIPS				
P	8. Proper hot and cold holding temperatures	<input type="checkbox"/>		
P	9. Time as a public health control; procedures & records	<input type="checkbox"/>		
P	10. Proper cooling methods	<input type="checkbox"/>		
P	11. Proper cooking time & temperatures	<input type="checkbox"/>		
P	12. Proper reheating procedures for hot holding	<input type="checkbox"/>		
PROTECTION FROM CONTAMINATION				
P	13. Returned and re-service of food	<input checked="" type="checkbox"/>		
P	14. Food in good condition, safe and unadulterated	<input type="checkbox"/>		
P	15. Food contact surfaces: clean and sanitized	<input type="checkbox"/>		

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
X	16. Food obtained from approved source	<input type="checkbox"/>		
CORONAVIRUS GUIDANCE IMPLEMENTATION				
	17. Takeout, Curbside Pickup, or Delivery Only	<input type="checkbox"/>		
	18. Social Distancing Implemented	<input checked="" type="checkbox"/>		
	19. Face Covering Used	<input checked="" type="checkbox"/>		
Highly Susceptible Populations				
P	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	<input type="checkbox"/>		
WATER/HOT WATER				
P	21. Hot and cold water available	<input type="checkbox"/>		
LIQUID WASTE DISPOSAL				
P	22. Sewage and wastewater properly disposed	<input type="checkbox"/>		
VERMIN				
P	23. No rodents, insects, birds, or animals	<input type="checkbox"/>		

FOOD SAFETY AND CORONAVIRUS (COVID-19) SPECIAL INSPECTION OBSERVATIONS

17. - Customers dining in at time of inspection. Facility stated they would put up chairs and begin take out only.

19. All employees required to wear face coverings. Must provide signage for customers requesting them to use mask.

Received by (Print)

Operator photo documented

Title

Email:

Specialist (Print)

Eric Caubas

Specialist (Signature)

Doh A.B

Re-inspection Date:

next routine