



PLUMAS COUNTY  
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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: 1/12/22

Facility Name: <u>Goodwines General Store</u>	Phone Number <u>993-4603</u>	PR ID # <u>133</u>
Facility Site Address: <u>94139 Hwy 70</u>	City: <u>Carlotta</u>	Zip <u>96105</u>
Permit #: _____	Exp Date: _____	Permit Holder: _____

Type of Inspection:  
ROUTINE

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	CO S	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>				
	1. Demonstration of knowledge; food safety certification	<input checked="" type="checkbox"/>		
Food Safety Cert Name: <u>To Be Sent to E.H.</u>		Exp. Date		
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<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"/>		
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<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"/>		
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<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"/>		
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/>	12. Retumed 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"/>		

	<b>FOOD FROM APPROVED SOURCES</b>	
<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"/>
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>		
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	<input checked="" type="checkbox"/>
<b>CONSUMER ADVISORY</b>		
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods	<input checked="" type="checkbox"/>
<b>Highly Susceptible Populations</b>		
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	<input checked="" type="checkbox"/>
<b>WATER/HOT WATER</b>		
<input checked="" type="checkbox"/>	21. Hot and cold water available	<input checked="" type="checkbox"/>
<u>Review Reasons</u> Temp Time of Inspection		
<b>LIQUID WASTE DISPOSAL</b>		
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed	<input checked="" type="checkbox"/>
<b>VERMIN</b>		
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals	<input checked="" type="checkbox"/>

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

		OUT
39. Thermometers provided and accurate	<input checked="" type="checkbox"/>	
40. Wiping cloths: properly used and stored	<input checked="" type="checkbox"/>	
<b>PHYSICAL FACILITIES</b>		
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"/>	
<b>PERMANENT FOOD FACILITIES</b>		
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"/>	
<b>SIGNS/ REQUIREMENTS</b>		
47. Signs posted; last inspection report available	<input checked="" type="checkbox"/>	
<b>COMPLIANCE &amp; ENFORCEMENT</b>		
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)	Title <u>Manager</u>	
Received by (Signature)	<u>Matthew Mahr</u>	
Specialist (Print) <u>Pat Sanders</u>	Specialist (Signature) <u>[Signature]</u>	Re-inspection Date: