



## 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>Goodman'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>Calico</u>	Zip: <u>96105</u>
Permit #: _____	Exp Date: _____	Permit Holder: _____
		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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
Food Safety Cert Name: <u>To Be Sent to E.H.</u> Exp. Date: _____				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
X				
X				
X				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
X				
X				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
X				
X	X			
X				
X				
X				
<b>PROTECTION FROM CONTAMINATION</b>				
X				
X				
X				

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
X				
X				
X				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
X				
<b>CONSUMER ADVISORY</b>				
X				
<b>Highly Susceptible Populations</b>				
X				
<b>WATER/HOT WATER</b>				
X				
<b>LIQUID WASTE DISPOSAL</b>				
X				
<b>VERMIN</b>				
X				

In	N/O-N/A	COS	MAJ	OUT
<b>SUPERVISION</b>				
<b>PERSONAL CLEANLINESS</b>				
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>				
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>				
<b>EQUIPMENT/ UTENSILS/ LINENS</b>				

In	N/O-N/A	COS	MAJ	OUT
<b>PHYSICAL FACILITIES</b>				
<b>PERMANENT FOOD FACILITIES</b>				
<b>SIGNS/ REQUIREMENTS</b>				
<b>COMPLIANCE &amp; ENFORCEMENT</b>				

Received by (Print)

Title Manager

Received by (Signature)

Specialist (Print)

Pat Saunders

Specialist (Signature)

[Signature]

Re-inspection Date: