

VEHICLE NAME REGION BURGER LLC  
 VEHICLE LICENSE NO. N/A  
 FAIR LOCATION N/A  
 OWNER'S NAME Plumas County Community Dev. TELEPHONE NO. \_\_\_\_\_  
 OWNER'S ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

I. Exterior Requirement		Complies Yes No	Complies Yes No		
A. Name and address of owner on each side, letters 3 inches high, 3/8 inch wide, or P.O. Box.	13602(a)	X	N. 2. Food temperature thermometer to be provided.	13604(b)	X
B. Entrance doors to be self-closing.	13602(b)	X	O. Light bulbs enclosed in plastic for safety.	13603(j)	X
C. Compressor units-separated from food preparation and storage area-accessible from outside.	13602(c)	X	III. Ventilation		
D. No attachment (such as can opener) mounted on outside of vehicle.	13602(d)	X	A. 1. Effective mechanical exhaust ventilation at or above all cooking equipment.	13605	X
II. Interior Requirements			2. Hood above all cooking equipment.	13605	X
A. 1. 2-comp. metal sink, min. size 144 sq. in. 9" deep (e.g. 12"x12"x10") with metal drainboards (12"x12")	13603(a)	X	3. Adequate ventilation to provide reasonable comfort.	13605	X
2. Hot and cold running water from a swivel mixing faucet	13603(a)	X	4. Provision for adequate make up air.	13605	X
B. 1. Lavoratory, min. size 81 sq. in. 5" deep (e.g. 9"x9"x5") Hot & Cold running water, mixer faucets.	13606(b)	X	IV. Storage		
2. Fixed dispensers for soap and towel (single service).	13603(b)	X	A. 1. Separate storage for cleaning supplies, clothing and insecticide.	13606(b)	X
C. 1. Floors, walls & ceiling surfaces impervious, smooth & cleanable. Junction of walls & floors coved min. 4" or 4" topset.	13603(c)	X	2. Spare tires, etc. not stored in food areas.	13606(a)	X
D. All construction joints and seams shall be sealed.	13603(d)	X	B. All pressure cylinders to be securely fastened to rigid structure of vehicle.		SECURE
E. Equipment easily cleanable, no channels, crevices, flanges, ledges.	13603(g)	X	C. Adequate storage space for utensil and food products.	13606(e)	X
F. Equipment sealed to floor or 6 inches off of floor.	13603(f)	X	D. Approved dispensers for single service utensils.	13606(f)	X
G. Equipment spaced apart (3" min.) or sealed together.	13603(e)	X	V. Window and Service Openings		
H. Food contact surfaces shall be constructed of metal, high pressure laminated plastic or hardwood.	13603(q)	X	A. 1. Food service, openings maximum of 216 sq. inches, separated min. of 18".	13607	X
I. No unfinished wood surfaces.	13603(q)	X	2. Solid or screened closure.	13607	X
J. No smoking signs shall be posted.	13603(l)	X	B. Windows to be screened if openable.	13607	X
K. Space around pipes, etc. to be sealed.	13603(i)	X	VI. Water Supply and Waste Disposal		
L. Proper type garbage and waste can inside.	13603(k)	X	A. 1. Minimum of 30 gallon tank if not on an approved water system.		X
M. 1. Adequate refrigeration for 41 perishable products to be 45 degrees F. or below.	13604(a)	X	2. Water heater capable of providing water at 120 degrees F.	13609(b)	X
2. Accurate thermometer provided.	13604(a)	X	3. Liquid waste tank 50% greater than fresh water tank or connected to a sewer system.		X
3. Ice bed used for display and self service (optional).	13604(a)	X	4. Green colored hose for potable water or identified with green tape at two (2) foot intervals. Waste lines to be another color.		X
N. 1. Provisions for maintaining hot foods 140 degrees F. or above.	13604(b)	X			

REMARKS

Facility APPROVED TO OPERATE

Sanitarian

Received By



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: 6/1/22

Facility Name: <u>Dolton General - Greenville</u>	Phone Number _____	PR ID # _____
Facility Site Address: <u>322 Cresent</u>	City: <u>Greenville</u>	Zip <u>95947</u>
Permit #: <u>22-922</u>	Exp Date: <u>5/1/23</u>	Permit Holder: <u>Dolton Cali</u>

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	COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification	<input checked="" type="checkbox"/>		
Food Safety Cert Name: <u>Pre Packaged</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"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9. Proper cooling methods	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/>	12. Returned 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"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	14. Food contact surfaces: clean and sanitized	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>
<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition, display	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations	<input checked="" type="checkbox"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>
<b>WATER/HOT WATER</b>			
<input checked="" type="checkbox"/>	21. Hot and cold water available	Temp _____	<input checked="" type="checkbox"/>
<b>LIQUID WASTE DISPOSAL</b>			
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>VERMIN</b>			
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

In	N/O-N/A	COS	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				

<b>OUT</b>	
39. Thermometers provided and accurate	
40. Wiping cloths: properly used and stored	
<b>PHYSICAL FACILITIES</b>	
41. Plumbing: proper backflow devices	
42. Garbage and refuse properly disposed; facilities maintained	
43. Toilet facilities: properly constructed, supplied, cleaned	
44. Premises; personal/cleaning items; vermin-proofing	
<b>PERMANENT FOOD FACILITIES</b>	
45. Floor, walls and ceilings: built, maintained, and clean	
46. No unapproved private homes/ living or sleeping quarters	
<b>SIGNS/ REQUIREMENTS</b>	
47. Signs posted; last inspection report available	
<b>COMPLIANCE &amp; ENFORCEMENT</b>	
48. Plan Review	
49. Permits Available	
50. Impoundment	
51. Permit Suspension	

Received by (Print)	<u>Tara Fellas</u>	Title
Received by (Signature)	<u>Tara Fellas</u>	
Specialist (Print)	<u>PAT SANDERS</u>	Specialist (Signature) <u>[Signature]</u>
Re-inspection Date:		

All new refrigeration units inspected at proper temp