



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

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Date of Inspection: 10/6/22

Facility Name: <u>KONA ICE</u>	Phone Number	PR ID #
Facility Site Address: <u>289 Main</u>	City: <u>CHESTER</u>	Zip <u>96020</u>
Permit #: <u>22-1145</u>	Exp Date: <u>4/1/23</u>	Permit Holder: <u>MOUNTAIN ICE INC.</u>
		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
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>KACHELL</u> Exp. Date <u>3/30/24</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/> 2. Communicable disease; reporting, restrictions & exclusions				
<input checked="" type="checkbox"/> 3. No discharge from eyes, nose, and mouth				
<input checked="" type="checkbox"/> 4. Proper eating, tasting, drinking or tobacco use				
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly				
<input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/> 7. Proper hot and cold holding temperatures				
<input checked="" type="checkbox"/> 8. Time as a public health control; procedures & records				
<input checked="" type="checkbox"/> 9. Proper cooling methods				
<input checked="" type="checkbox"/> 10. Proper cooking time & temperatures				
<input checked="" type="checkbox"/> 11. Proper reheating procedures for hot holding				
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/> 12. Returned and re-service of food				
<input checked="" type="checkbox"/> 13. Food in good condition, safe and unadulterated				
<input checked="" type="checkbox"/> 14. Food contact surfaces: clean and sanitized				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
<input checked="" type="checkbox"/> 15. Food obtained from approved source				
<input checked="" type="checkbox"/> 16. Compliance with shell stock tags, condition, display				
<input checked="" type="checkbox"/> 17. Compliance with Gulf Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
CONSUMER ADVISORY				
<input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
<input checked="" type="checkbox"/> 20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
WATER/HOT WATER				
<input checked="" type="checkbox"/> 21. Hot and cold water available				
Temp _____				
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed				
VERMIN				
<input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals				

SUPERVISION		OUT
24. Person in charge present and performs duties		_____
PERSONAL CLEANLINESS		_____
25. Personal cleanliness and hair restraints		_____
GENERAL FOOD SAFETY REQUIREMENTS		_____
26. Approved thawing methods used, frozen food		_____
27. Food separated and protected		_____
28. Washing fruits and vegetables		_____
29. Toxic substances properly identified, stored, used		_____
FOOD STORAGE/ DISPLAY/ SERVICE		_____
30. Food storage; food storage containers identified		_____
31. Consumer self-service		_____
32. Food properly labeled & honestly presented		_____
EQUIPMENT/ UTENSILS/ LINENS		_____
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		_____

PHYSICAL FACILITIES		OUT
39. Thermometers provided and accurate		_____
40. Wiping cloths: properly used and stored		_____
PERMANENT FOOD FACILITIES		_____
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		_____
SIGNS/ REQUIREMENTS		_____
45. Floor, walls and ceilings: built, maintained, and clean		_____
46. No unapproved private homes/ living or sleeping quarters		_____
COMPLIANCE & ENFORCEMENT		_____
47. Signs posted; last inspection report available		_____
48. Plan Review		_____
49. Permits Available		_____
50. Impoundment		_____
51. Permit Suspension		_____

Received by (Print) Rachelle Babrosky

Title

Received by (Signature)

Pat Sanders

Specialist (Signature)

Specialist (Print)

Re-inspection Date: