



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: 10/14/2022

| | | |
|---|----------------------------------|-------------------------------------|
| Facility Name: <u>Donut Wheel</u> | Phone Number <u>760-442-9760</u> | PR ID # <u>220</u> |
| Facility Site Address: <u>1690 E. Main St</u> | City: <u>Quincy</u> | Zip <u>95971</u> |
| Permit #: <u>22-187</u> | Exp Date: <u>10/1/2023</u> | Permit Holder: <u>Pharaot Thavy</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 | | | | |
| 1. Demonstration of knowledge; food safety certification | | | | |
| Food Safety Cert Name: <u>Pharaot Thavy</u> Exp. Date <u>2/1/2024</u> | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| 2. Communicable disease; reporting, restrictions & exclusions | | | | |
| 3. No discharge from eyes, nose, and mouth | | | | |
| 4. Proper eating, tasting, drinking or tobacco use | | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| 5. Hands clean and properly washed; gloves used properly | | | | |
| 6. Adequate handwashing facilities supplied & accessible | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| 7. Proper hot and cold holding temperatures | | | | |
| 8. Time as a public health control; procedures & records | | | | |
| 9. Proper cooling methods | | | | |
| 10. Proper cooking time & temperatures | | | | |
| 11. Proper reheating procedures for hot holding | | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| 12. Returned and re-service of food | | | | |
| 13. Food in good condition, safe and unadulterated | | | | |
| 14. Food contact surfaces: clean and sanitized | | | | |

| In | N/O-N/A | COS | MAJ | OUT |
|---|---------|-----|-----|-----|
| FOOD FROM APPROVED SOURCES | | | | |
| 15. Food obtained from approved source | | | | |
| 16. Compliance with shell stock tags, condition, display | | | | |
| 17. Compliance with Gulf Oyster Regulations | | | | |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | |
| 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | | |
| CONSUMER ADVISORY | | | | |
| 19. Consumer advisory provided for raw or undercooked foods | | | | |
| Highly Susceptible Populations | | | | |
| 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | | |
| WATER/HOT WATER | | | | |
| 21. Hot and cold water available | | | | |
| Temp <u>72.5°F</u> | | | | |
| LIQUID WASTE DISPOSAL | | | | |
| 22. Sewage and wastewater properly disposed | | | | |
| VERMIN | | | | |
| 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 | | |

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

Received by (Print)

Title

Received by (Signature)

linnashop

Specialist (Print)

Jerry Sipe

Specialist (Signature)

Shelby

Re-inspection Date:

Next routine

Facility Name: Donut Wheel

FA ID # _____

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OBSERVATIONS AND CORRECTIVE ACTIONS

6. Please keep hand washing sink accessible at all times. Found garbage bags with soiled linens & discarded items sacked in front of it making it unusable. Repair hot water to hand sink

27. Separate personal items from food facility supplies. Found many personal food items stored in upright refrigerator. Use a dedicated shelf or clearly mark personal items.

Received by (Print)

Title

Received by (Signature)

Linnatup

Specialist (Print)

Jerry Sipe

Specialist (Signature)

J. Sipe

Re-inspection Date:

Next routine