



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: 3/9/23

Facility Name: Polka Dot
Facility Site Address: 2043 E. Main St. City: Quincy
Phone Number 616-1700 Zip 95971 PR ID # 157
Permit #: 22-124 Exp Date: 3/1/23 Permit Holder: Darlene Gutierrez
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
DEMONSTRATION OF KNOWLEDGE					
✓		1. Demonstration of knowledge; food safety certification			
		Food Safety Cert Name: Darlene Gutierrez Exp. Date: 3/28/26			
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			

	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 120+	
LIQUID WASTE DISPOSAL		
✓	22. Sewage and wastewater properly disposed	
VERMIN		
✓	23. No rodents, insects, birds, or animals	

In	N/O-N/A		COS	MAJ	OUT
SUPERVISION					
✓	✓	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			

39. Thermometers provided and accurate	OUT
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): Darlene Gutierrez
Received by (Signature):
Specialist (Print): Dennis Felt
Specialist (Signature):

Title: owner/operator

Re-inspection Date: