



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: 4/6/23

| | | |
|--|-------------------------------|------------------------------------|
| Facility Name: <u>FUSD 4 Breckinridge</u> | Phone Number: <u>283-6348</u> | PR ID #: <u>366</u> |
| Facility Site Address: <u>113 Mill Creek</u> | City: <u>Quincy</u> | Zip: <u>95971</u> |
| Permit #: <u>23-329</u> | Exp Date: <u>2/1/24</u> | Permit Holder: <u>J FUSD</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>NA Non-prep</u> Exp. Date: _____ | | | | |
| 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 _____ | | | | |
| 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 | | |

| | | |
|---|--|-----|
| 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) WAYNE LOWRY

Title

Received by (Signature) Wayne Lowry

Specialist (Print) Dennis Eck

Specialist (Signature) [Signature]

Re-inspection Date: