



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: 8/2/23

Facility Name: <u>Drunk Brush</u>	Phone Number _____	PR ID # <u>124</u>
Facility Site Address: <u>938 Main St</u>	City: <u>Quincy</u>	Zip <u>95571</u>
Permit #: <u>23-091</u>	Exp Date: <u>1/29/24</u>	Permit Holder: <u>Richard Jacobus</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	CO S	MAJ	OU T
<b>DEMONSTRATION OF KNOWLEDGE</b>				
1. Demonstration of knowledge; food safety certification		<input checked="" type="checkbox"/>		
Food Safety Cert Name: <u>Richard Jacobus</u>		Exp. Date <u>1/29/24</u>		
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
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		<input checked="" type="checkbox"/>		
<b>PREVENTING CONTAMINATION BY HANDS</b>				
5. Hands clean and properly washed; gloves used properly		<input checked="" type="checkbox"/>		
6. Adequate handwashing facilities supplied & accessible		<input checked="" type="checkbox"/>		
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
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		<input checked="" type="checkbox"/>		
<b>PROTECTION FROM CONTAMINATION</b>				
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		<input checked="" type="checkbox"/>		

<b>FOOD FROM APPROVED SOURCES</b>	
15. Food obtained from approved source	
16. Compliance with shell stock tags, condition, display	
17. Compliance with Gulf Oyster Regulations	
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>	
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	
<b>CONSUMER ADVISORY</b>	
19. Consumer advisory provided for raw or undercooked foods	
<b>Highly Susceptible Populations</b>	
20. Licensed health care facilities/ public & private schools; prohibited foods not offered	
<b>WATER/HOT WATER</b>	
21. Hot and cold water available	
Temp <u>71/20°F</u>	
<b>LIQUID WASTE DISPOSAL</b>	
22. Sewage and wastewater properly disposed	
<b>VERMIN</b>	
23. No rodents, insects, birds, or animals	

In	N/O-N/A	CO S	MAJ	OU T
<b>SUPERVISION</b> OUT				
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>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>Barbara E. Lewman</u>	Title
Received by (Signature)		
Specialist (Print)	<u>Dennis Eck</u>	Specialist (Signature)
		Re-inspection Date: <u>Next Routine</u>