



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: 10/3/23

Facility Name: Portola Frosty Phone Number \_\_\_\_\_ PR ID # 240  
Facility Site Address: 281 W. SIERRA City: Portola Zip 96122  
Permit #: 23-207 Exp Date: 6/21/23 (expired) Permit Holder: MANPREET KAHLOON  
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	CO S	MAJ	OU T
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
	Food Safety Cert Name: <u>Manpreet Kahlon</u>	Exp. Date <u>5/6/28</u>		
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<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			
<b>PREVENTING CONTAMINATION BY HANDS</b>				
	5. Hands clean and properly washed; gloves used properly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	6. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures <u>checked 10/1</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<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			
<b>PROTECTION FROM CONTAMINATION</b>				
<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			

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
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>	
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan
<b>CONSUMER ADVISORY</b>	
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods
<b>Highly Susceptible Populations</b>	
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered
<b>WATER/HOT WATER</b>	
<input checked="" type="checkbox"/>	21. Hot and cold water available Temp <u>120°F</u>
<b>LIQUID WASTE DISPOSAL</b>	
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed
<b>VERMIN</b>	
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals

In	N/O-N/A	CO S	MAJ	OU T
<b>SUPERVISION</b>				
<input checked="" type="checkbox"/>	24. Person in charge present and performs duties			
<b>PERSONAL CLEANLINESS</b>				
<input checked="" type="checkbox"/>	25. Personal cleanliness and hair restraints			
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>				
<input checked="" type="checkbox"/>	26. Approved thawing methods used, frozen food			
<input checked="" type="checkbox"/>	27. Food separated and protected			
<input checked="" type="checkbox"/>	28. Washing fruits and vegetables			
<input checked="" type="checkbox"/>	29. Toxic substances properly identified, stored, used			
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>				
<input checked="" type="checkbox"/>	30. Food storage; food storage containers identified			
<input checked="" type="checkbox"/>	31. Consumer self-service			
<input checked="" type="checkbox"/>	32. Food properly labeled & honestly presented			
<b>EQUIPMENT/ UTENSILS/ LINENS</b>				
<input checked="" type="checkbox"/>	33. Nonfood contact surfaces clean	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	34. Warewashing facilities: installed, maintained, used; test strips			
<input checked="" type="checkbox"/>	35. Equipment/ Utensils approved; installed; clean; good repair, capacity			
<input checked="" type="checkbox"/>	36. Equipment, utensils and linens: storage and use			
<input checked="" type="checkbox"/>	37. Vending machines			
<input checked="" type="checkbox"/>	38. Adequate ventilation and lighting; designated areas, use			

39. Thermometers provided and accurate	OUT
40. Wiping cloths: properly used and stored	
<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)

Title

Received by (Signature)

*Manpreet Kahlon*

Specialist (Print)

*Dennis Eck*

Specialist (Signature)

Re-inspection Date:

*30 days*

## OBSERVATIONS AND CORRECTIVE ACTIONS

1) - New employee obtain food handler card within 30 days

5) Employee did not wear gloves or observed washing hands.  
- Gloves were provided by owner Corrected on site

6) Handwashing sink had no soap and towel dispenser is jammed. Corrected on site Soap provided, towels provided.

7) Cheese left out overnight - temp @ 70°F- was thrown away - Leftover from previous service. - Corrected

14) No sanitizer was observed and/or wiping rags. -  
Corrected w/ 800 chlorine 100 ppm and wash rag.  
- Be sure to replace solution every hour or as necessary

33) general cleaning of floors + fridge surfaces needed. - Please enact a cleaning schedule for hard to reach areas + non-food contact surfaces.

Received by (Print)

PREET

Title

Received by (Signature)

MKT

Specialist (Print)

Dennis Fick

Specialist (Signature)

Re-inspection Date:

+ 30 days