



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: 10/20/23

Facility Name: MILLIE'S ICE CREAM + COFFEE Phone Number 775-426-9621 PR ID # 88
Facility Site Address: 7512 HWY 89 City: GRAEAGLE Zip 96103
Permit #: 23-057 Exp Date: 3/1/24 Permit Holder: Margaret Smither
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 | OUT |
|---|---|------|-----|-----|
| DEMONSTRATION OF KNOWLEDGE | | | | |
| | 1. Demonstration of knowledge; food safety certification | | | ✓ |
| Food Safety Cert Name: <u>Margaret Smither</u> | Exp. Date: <u>1/14/27</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 <i>Supply ALL hand sinks w/ soaps pls</i> | | | |
| 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 <i>Supply chafing dish</i> | | | |

| | FOOD FROM APPROVED SOURCES | cos MAJ OUT |
|---|---|--------------------|
| ✓ | 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 <i>Temp 120°F</i> | |
| LIQUID WASTE DISPOSAL | | |
| ✓ | 22. Sewage and wastewater properly disposed | |
| VERMIN | | |
| ✓ | 23. No rodents, insects, birds, or animals | |

| In | N/O-N/A | CO S | 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 | | | | |

| | 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) Avery Artaz Title
Received by (Signature) dky
Specialist (Print) Dennis Eck Specialist (Signature) D. E. Re-inspection Date: Next Routine

Facility Name: Millie's Ice cream + coffee

FAID # 57

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Date of Inspection: 10/20/23

OBSERVATIONS AND CORRECTIVE ACTIONS

1) All employees must have food handling card within 30 days of employment. Please obtain for all employees handling food ASAP.

2) Front fridge w/ burritos temp @ ~45-46°F. Please adjust/service to maintain $< 41^{\circ}\text{F}$.

15 - Pending verification for source of burritos. Gia Grim - All Sierra appraisal.
- Source Verified as Headwaters Bistro. No violation

32) Dates should be labeled on burritos to ensure they are not held beyond max holding dates ~7 days.

30) Employee indicated that once a week, delivery of burritos/purchase of burritos is conducted in Quincy @ unknown vendor. - Please be aware storage of foods at your home/residence is not allowed - please keep all food storage for sale on premises. - Was unable to verify if all burritos are stored on-site, transported from Quincy, or stored at somewhere off-site.

25) Store ice scoop in separate, clean container - not within source of ice.

Received by (Print)

Avery Artaz

Title

Received by (Signature)

Lynn

Specialist (Print)

Dennis Eick

Specialist (Signature)

Dennis Eick

Re-inspection Date:

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