



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: 9/24/24

Facility Name: ONE STOP Phone Number _____ PR ID # 218
Facility Site Address: 2003 E MAIN ST City: QUINCY Zip 95971
Permit #: 23-185 Exp Date: 7/1/24 Permit Holder: Bhupinder Singh 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: <u> </u> Exp. Date: <u> </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			
TIME AND TEMPERATURE RELATIONSHIPS				
	7. Proper hot and cold holding temperatures <u>hot & cold</u>			
	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	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				
	SB 13 83 Food Diversion Program				
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 <u>120°F</u>				
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		

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) Ashley Moulton Title _____
Received by (Signature) Ashley Moulton
Specialist (Print) Dennis Ede Specialist (Signature) _____ Re-inspection Date: Next Routine

45) Repair seal around back entrance to walk-in fridge to prevent ~~rodent~~ animal/insects from entering.

-Please send copy of Jessie's manager cert to our office for our records.