



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

Date of Inspection: 12/10/18

Facility Name: Best Western Rose Quartz Phone Number 258-2002 PR ID # 80
 Facility Site Address: 306 Main City: CHESTER Zip 96020
 Permit #: 19-022-F Exp Date: 1/1/20 Permit Holder: GHULAN FARECO
 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					
X		1. Demonstration of knowledge; food safety certification			
		Food Safety Cert Name: <u>Ann - Marie Hesse</u>	Exp. Date <u>7/9/20</u>		
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
X		2. Communicable disease; reporting, restrictions & exclusions			
X		3. No discharge from eyes, nose, and mouth			
X		4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS					
X		5. Hands clean and properly washed; gloves used properly			
X		6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
X		7. Proper hot and cold holding temperatures			
	X	8. Time as a public health control; procedures & records			
X	X	9. Proper cooling methods			
X		10. Proper cooking time & temperatures			
X		11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION					
X		12. Returned and re-service of food			
X		13. Food in good condition, safe and unadulterated			
X		14. Food contact surfaces: clean and sanitized			

In	N/O-N/A		COS	MAJ	OUT
FOOD FROM APPROVED SOURCES					
X		15. Food obtained from approved source			
	X	16. Compliance with shell stock tags, condition, display			
	X	17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES					
	X	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY					
	X	19. Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
	X	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER					
X		21. Hot and cold water available			
		Temp <u>120°F+</u>			
LIQUID WASTE DISPOSAL					
X		22. Sewage and wastewater properly disposed			
VERMIN					
X		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) Angi Walker Title MANAGER
 Received by (Signature) Angi Walker
 Specialist (Print) Raf Sanders Specialist (Signature) [Signature] Re-inspection Date: _____