



**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: 2/14/18

Facility Name: SUNWAY # 212 Phone Number: \_\_\_\_\_ PR ID # 32  
 Facility Site Address: 20 E. MAIN ST City: QUINCY Zip: 95971  
 Permit #: 18-154108A Exp Date: 2/1/19 Permit Holder: SAFENWAY INC Type of Inspection: COMPLAINT

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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
Food Safety Cert Name: _____ Exp. Date _____				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<b>PROTECTION FROM CONTAMINATION</b>				

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<b>CONSUMER ADVISORY</b>				
Highly Susceptible Populations				
<b>WATER/HOT WATER</b>				
<b>LIQUID WASTE DISPOSAL</b>				
<b>VERMIN</b>				

In	N/O-N/A	COS	MAJ	OUT
<b>SUPERVISION</b>				
<b>PERSONAL CLEANLINESS</b>				
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>				
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>				
<b>EQUIPMENT/ UTENSILS/ LINENS</b>				

In	N/O-N/A	COS	MAJ	OUT
<b>PHYSICAL FACILITIES</b>				
<b>PERMANENT FOOD FACILITIES</b>				
<b>SIGNS/ REQUIREMENTS</b>				
<b>COMPLIANCE &amp; ENFORCEMENT</b>				

Received by (Print) MEGAN BEAY Title \_\_\_\_\_

Received by (Signature) [Signature]

Specialist (Print) JERRY SIPE Specialist (Signature) [Signature] Re-inspection Date: NEXT BUSINESS

COMPLAINT RE NET PRODUCE CASE FOOD QUALITY. NO EVIDENCE OF MOLD OR PROBLEMS AT TIME OF INSPECTION.