



**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 July 19

*NEW*  
*TRUCK # 510160 LIC # 606358*

Facility Name: SCHWADERS - QUINCY Phone Number: 409-7888 PR ID # \_\_\_\_\_  
 Facility Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Permit #: Pending Exp Date: \_\_\_\_\_ Permit Holder: SCHWADERS Type of Inspection: Re-inspection

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>					
	<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name:		Exp. Date			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
<input checked="" type="checkbox"/>	<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>					
	<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
	<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
<input checked="" type="checkbox"/>		7. Proper hot and cold holding temperatures			
	<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			
<b>FOOD FROM APPROVED SOURCES</b>					
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	21. Hot and cold water available			
<b>LIQUID WASTE DISPOSAL</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed			
<b>VERMIN</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals			

<b>SUPERVISION</b>		<b>OUT</b>
24. Person in charge present and performs duties		
<b>PERSONAL CLEANLINESS</b>		
25. Personal cleanliness and hair restraints		
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		
26. Approved thawing methods used, frozen food		
27. Food separated and protected		
28. Washing fruits and vegetables		
29. Toxic substances properly identified, stored, used		
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>		
30. Food storage; food storage containers identified		
31. Consumer self-service		
32. Food properly labeled & honestly presented		
<b>EQUIPMENT/ UTENSILS/ LINENS</b>		
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		<b>OUT</b>
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) MICAH PORTER Title \_\_\_\_\_  
 Received by (Signature) [Signature]  
 Specialist (Print) Rob Reinhardt Specialist (Signature) [Signature] Re-inspection Date: \_\_\_\_\_