



Date of Inspection: 12 July 19

Facility Name: SENIOR NUTRITION - PORTOLA Phone Number: 283-4173 PR ID #: 261
 Facility Site Address: 449 STEENA AVE City: PORTOLA Zip: _____
 Permit #: 19-228 Exp Date: 2/1/20 Permit Holder: PLUMAS PUBLIC HEALTH 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: Kim Funk	Exp. Date: 5/2/20		
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		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: 71/20 °F			
LIQUID WASTE DISPOSAL					
X		22. Sewage and wastewater properly disposed			
VERMIN					
X		23. No rodents, insects, birds, or animals			

In	N/O-N/A		COS	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			
PHYSICAL FACILITIES					
		39. Thermometers provided and accurate			
		40. Wiping cloths: properly used and stored			
PERMANENT FOOD 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			
SIGNS/ REQUIREMENTS					
		45. Floor, walls and ceilings: built, maintained, and clean			
		46. No unapproved private homes/ living or sleeping quarters			
COMPLIANCE & ENFORCEMENT					
		47. Signs posted; last inspection report available			
		48. Plan Review			
		49. Permits Available			
		50. Impoundment			
		51. Permit Suspension			

Received by (Print) Kim M. Funk Title _____
 Received by (Signature) *Kim M. Funk*
 Specialist (Print) *Bob Kowitz* Specialist (Signature) *[Signature]* Re-inspection Date: 2/6/20