



Date of Inspection: 5/10/20

Facility Name: <u>SENIOR NUTRITION PORTOLA</u>	Phone Number: <u>832-4173</u>	PR ID #: <u>261</u>
Facility Site Address: <u>449 SIENA AVE</u>	City: <u>PORTOLA</u>	Zip: <u>96122</u>
Permit #: <u>20-228</u>	Exp Date: <u>7/2/20</u>	Permit Holder: <u>Plumas Co PUB HEALTH</u>

Type of Inspection:  
**SPECIAL**

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	In	N/O-N/A	COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>					<b>FOOD FROM APPROVED SOURCES</b>				
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	1. Demonstration of knowledge; food safety certification					16. Food obtained from approved source			
	Food Safety Cert Name: <u>-PENDING-</u> Exp. Date: <u></u>					<b>CORONAVIRUS GUIDANCE IMPLEMENTATION</b>			
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	2. All food handlers have valid Food Handler Cards				<input checked="" type="checkbox"/>	17. Takeout, Curbside Pickup, or Delivery Only			
	<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				<input checked="" type="checkbox"/>	18. Social Distancing Implemented			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	19. Face Covering Used			
<input checked="" type="checkbox"/>	3. Communicable disease; reporting, restrictions & exclusions				<b>Highly Susceptible Populations</b>				
<input checked="" type="checkbox"/>	4. No discharge from eyes, nose, and mouth					20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<input checked="" type="checkbox"/>	5. Proper eating, tasting, drinking or tobacco use					<b>WATER/HOT WATER</b>			
<b>PREVENTING CONTAMINATION BY HANDS</b>					<input checked="" type="checkbox"/>	21. Hot and cold water available <u>7/20°F</u>			
<input checked="" type="checkbox"/>	6. Hands clean and properly washed; gloves used properly				<b>LIQUID WASTE DISPOSAL</b>				
<input checked="" type="checkbox"/>	7. Adequate handwashing facilities supplied & accessible				<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					<b>VERMIN</b>				
	8. Proper hot and cold holding temperatures				<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals			
	9. Time as a public health control; procedures & records				<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	10. Proper cooling methods								
<input checked="" type="checkbox"/>	11. Proper cooking time & temperatures								
<input checked="" type="checkbox"/>	12. Proper reheating procedures for hot holding				<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/>	13. Returned and re-service of food					14. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>	15. Food contact surfaces: clean and sanitized					15. Food contact surfaces: clean and sanitized			

**FOOD SAFETY AND CORONAVIRUS (COVID-19) SPECIAL INSPECTION OBSERVATIONS**

#1 OBTAIN A FOOD HANDLER CERTIFICATION FOR AT LEAST ONE FOOD WORKER AT THE FACILITY. THE OTHER FOOD WORKERS MUST HAVE A FOOD HANDLER CERTIFICATE OR A CA FOOD HANDLER CARD

#8 REPAIR THE 2-DOOR REFRIGERATOR TO HOLD FOOD AT 41°F OR COLDER (FOUNDED AT 45°F) - REPAIR THE COMPARTMENT TO PROVIDE DOOR Gaskets AND RIMS (FOUNDED AT 1.00MM)

Received by (Print)

Title

Copy HAND DELIVERED TO CENTER STAFF

Email:

Specialist (Print)

Specialist (Signature)

Rob Robnett

Re-inspection Date: