



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

pg 1 of 1

Date of Inspection: 10/4/22

|                                              |                           |                                    |
|----------------------------------------------|---------------------------|------------------------------------|
| Facility Name: <u>YOUNG MARKET</u>           | Phone Number: _____       | PR ID #: <u>285</u>                |
| Facility Site Address: <u>4308 ARLINGTON</u> | City: <u>TAYLORSVILLE</u> | Zip: <u>95983</u>                  |
| Permit #: <u>22-251</u>                      | Exp Date: <u>1/15/25</u>  | Permit Holder: <u>Kelly Tan</u>    |
|                                              |                           | Type of Inspection: <u>ROUTINE</u> |

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: <u>Kelly Tan</u> Exp. Date: <u>1/11/26</u> |                                     |     |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>                   |                                     |     |     |     |
| <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                    |                                     |     |     |     |

| In                                                                                          | N/O-N/A                             | COS | MAJ | OUT |
|---------------------------------------------------------------------------------------------|-------------------------------------|-----|-----|-----|
| <b>FOOD FROM APPROVED SOURCES</b>                                                           |                                     |     |     |     |
| <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"/>                                                         |                                     |     |     |     |
| 21. Hot and cold water available Temp _____                                                 |                                     |     |     |     |
| <b>LIQUID WASTE DISPOSAL</b>                                                                |                                     |     |     |     |
| <input checked="" type="checkbox"/>                                                         |                                     |     |     |     |
| 22. Sewage and wastewater properly disposed                                                 |                                     |     |     |     |
| <b>VERMIN</b>                                                                               |                                     |     |     |     |
| <input checked="" type="checkbox"/>                                                         |                                     |     |     |     |
| 23. No rodents, insects, birds, or animals                                                  |                                     |     |     |     |

| <b>SUPERVISION</b>                                                        |  | OUT |
|---------------------------------------------------------------------------|--|-----|
| 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              |  |     |

|                                                                 |  | OUT |
|-----------------------------------------------------------------|--|-----|
| 39. Thermometers provided and accurate                          |  |     |
| 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)

Kelly Tan

Title

Owner

Received by (Signature)

Kelly Tan

Specialist (Print)

PAT SANDERS

Specialist (Signature)

[Signature]

Re-inspection Date: