



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

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Date of Inspection: 2/2/23

| | | |
|---|-------------------------------|--------------------------------------|
| Facility Name: <u>GRIZZLY BITE</u> | Phone Number: <u>284-1010</u> | PR ID # <u>1965</u> |
| Facility Site Address: <u>4301 NELSON</u> | City: <u>TAYLORSVILLE</u> | Zip: <u>95983</u> |
| Permit #: <u>23-1198</u> | Exp Date: <u>3/13/23</u> | Permit Holder: <u>CASSANDRA BARR</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 |
|--|---------|-----|-----|-----|
| DEMONSTRATION OF KNOWLEDGE | | | | |
| | | | | |
| | | | | |
| Food Safety Cert Name: <u>SUBMIT BY MARCH 13, 2023</u> Exp. Date | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| X | | | | |
| X | | | | |
| X | | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| X | | | | |
| X | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| X | | | | |
| | X | | | |
| X | | | | |
| | X | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| X | | | | |
| X | | | | |
| X | | | | |

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

| | | |
|---|--|-----|
| SUPERVISION | | OUT |
| 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 | | |

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

Received by (Print) Hugh Ausmus

Title

Received by (Signature) [Signature]

Specialist (Print) RAT SANDERS

Specialist (Signature) [Signature]

Re-inspection Date: