**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:** 6/15/15

---

**Facility Name:** Big Cone Resort

**Facility Site Address:** 4132 Peninsular

**City:** Lake Almanor

**Zip Code:** 96067

**Permit #:** 14-130437

**Exp Date:** 8/1/15

**Permit Holder:** Paul Jim Cassella

---

**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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Demonstration of knowledge: food safety certification</td>
</tr>
<tr>
<td>2.</td>
<td>Communicable disease; reporting, restrictions &amp; exclusions</td>
</tr>
<tr>
<td>3.</td>
<td>No discharge from eyes, nose, and mouth</td>
</tr>
<tr>
<td>4.</td>
<td>Proper eating, tasting, drinking or tobacco use</td>
</tr>
<tr>
<td>5.</td>
<td>Hands clean and properly washed; gloves used properly</td>
</tr>
<tr>
<td>6.</td>
<td>Adequate handwashing facilities supplied &amp; accessible</td>
</tr>
<tr>
<td>7.</td>
<td>Proper hot and cold holding temperatures</td>
</tr>
<tr>
<td>8.</td>
<td>Time as a public health control, procedures &amp; records</td>
</tr>
<tr>
<td>9.</td>
<td>Proper cooling methods</td>
</tr>
<tr>
<td>10.</td>
<td>Proper cooking time &amp; temperatures</td>
</tr>
<tr>
<td>11.</td>
<td>Proper reheating procedures for hot holding</td>
</tr>
<tr>
<td>12.</td>
<td>Rewrapped and re-service of food</td>
</tr>
<tr>
<td>13.</td>
<td>Food in good condition, safe and unadulterated</td>
</tr>
<tr>
<td>14.</td>
<td>Food contact surfaces: clean and sanitized</td>
</tr>
</tbody>
</table>

---

**In compliance**

---

**Not observed**

---

**Not applicable**

---

**Corrected on-site**

---

**Major violation**

---

**Out of Compliance**

---

**Specialist**

---

**Title:** OFC MGR

---

**Re-inspection Date:**

---

**Received by (Print):** Irene Faria

---

**Received by (Signature):** Irene Julia

---

**Specialist (Print):** Pat Shriner

---

**Specialist (Signature):** [Signature]

---

**Date:** [Date]

---

**Comments:**

---

**Attachment:** [Attach any additional information here]