



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: 6/13/18

Facility Name: <u>West Avenue Community Club</u>	Phone Number <u>259-5545</u>	PR ID # <u>283</u>
Facility Site Address: <u>111 Sun Dr.</u>	City: <u>CHESTER</u>	Zip <u>96020</u>
Permit #:	Exp Date:	Permit Holder:

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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
Food Safety Cert Name: <u> </u> Exp. Date <u> </u>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/>	<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	<input checked="" type="checkbox"/>	
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/>		5. Hands clean and properly washed; gloves used properly		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>	
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures		
<input checked="" type="checkbox"/>	<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"/>	<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"/>	
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	15. Food obtained from approved source		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition, display		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations		
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan		
<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods	<input checked="" type="checkbox"/>	
<b>Highly Susceptible Populations</b>				
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	21. Hot and cold water available	Temp <u>120°F+</u>	
<b>LIQUID WASTE DISPOSAL</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed		
<b>VERMIN</b>				
<input checked="" type="checkbox"/>	<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		<input checked="" type="checkbox"/>
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)	<u>Wendy Morris</u>	Title	<u>Chef</u>
Received by (Signature)	<u>Wendy Morris</u>		
Specialist (Print)	<u>PAT SANDER</u>	Specialist (Signature)	<u>Haw</u>
		Re-inspection Date:	

Facility Name: <u>WEST Aurora Community Club</u>	FAID # <u>283</u>	Pg <u>2</u> of <u>2</u>
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#### OBSERVATIONS AND CORRECTIVE ACTIONS

1. Supply Copy of Current & Valid Food Safety Certification (Manager's Log)

For OR Proof of Certification Testing completion to Environmental Health by 6/15/18. This requirement was stated in 4/25/18 correspondence from Environmental Health to West Aurora Community Club.

35. REPAIR 2-Door Prep-Refrigeration unit to prevent pooling of condensation @ bottom of unit.

49. The Facility is currently operating w/ out a current or valid Health Permit. As stated in item 1. above the Facility shall supply a current & valid Food Safety Certification (Manager's Log) as a requirement to obtain a Health Permit.

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Wendy Morris

Title

Chef

Received by (Signature)

Wendy Morris

Specialist (Print)

PAT SANDER

Specialist (Signature)

Re-inspection Date: