



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>293</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: <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					
		1. Demonstration of knowledge; food safety certification			X
Food Safety Cert Name: _____ Exp. Date _____					
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
X		2. Communicable disease; reporting, restrictions & exclusions			
X		3. No discharge from eyes, nose, and mouth			
X		4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS					
X		5. Hands clean and properly washed; gloves used properly			
X		6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
X		7. Proper hot and cold holding temperatures			
X		8. Time as a public health control; procedures & records			
X		9. Proper cooling methods			
X		10. Proper cooking time & temperatures			
X		11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION					
X		12. Returned and re-service of food			
X		13. Food in good condition, safe and unadulterated			
X		14. Food contact surfaces: clean and sanitized			

In	N/O-N/A		COS	MAJ	OUT
FOOD FROM APPROVED SOURCES					
X		15. Food obtained from approved source			
X		16. Compliance with shell stock tags, condition, display			
X		17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES					
X		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY					
X		19. Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
X		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER					
X		21. Hot and cold water available Temp <u>120°F+</u>			
LIQUID WASTE DISPOSAL					
X		22. Sewage and wastewater properly disposed			
VERMIN					
X		23. No rodents, insects, birds, or animals			

		OUT
SUPERVISION		
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		X
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		X
50. Impoundment		
51. Permit Suspension		

Received by (Print) Wendy Morris

Title Chef

Received by (Signature) Wendy Morris

Specialist (Print) PAT SANDERS

Specialist (Signature) [Signature]

Re-inspection Date: _____

Facility Name:

West Amana Community Club

FA ID # 283

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Date of Inspection: 6/13/18

OBSERVATIONS AND CORRECTIVE ACTIONS

1. Submit COPY OF CURRENT & VALID FOOD SAFETY CERTIFICATION (MANAGER'S CERT) 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 AMANA 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 CERT) AS A REQUIREMENT TO OBTAIN AN A HEALTH PERMIT.

Received by (Print)

Wendy Morris

Title

Chef

Received by (Signature)

Wendy Morris

Specialist (Print)

PAT SANDER

Specialist (Signature)

PAT SANDER

Re-inspection Date: