



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: 11/28/18

Facility Name: <u>TENESSEE STORE</u>	City: <u>TAHOE VALLEY</u>	Phone Number <u>284-6357</u>	PR ID # <u>140</u>
Facility Site Address: <u>7201 TENNESSEE STORE</u>		Zip <u>95983</u>	
Permit #: <u>18-105</u>	Exp Date: <u>2/1/19</u>	Permit Holder: <u>BRASAS FOOD &amp; WINE</u>	Type of Inspection: <u>Pre-Opening</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>				
1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/>				
Food Safety Cert Name: <u>W/IN 60 DAYS.</u> Exp. Date				
<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"/>		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"/>		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	<input checked="" type="checkbox"/>	
<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 <u>125°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		<input checked="" type="checkbox"/>
<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) <u>Christina Farmer</u>	Title
Received by (Signature) <u>C. Farmer</u>	
Specialist (Print) <u>Pat Sanders</u>	Specialist (Signature) <u>H. Hinch</u>
Re-inspection Date: <u>W/IN 1 month</u>	

Facility Name: GENESEE STORE

FAID # 140

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OBSERVATIONS AND CORRECTIVE ACTIONS

5. SUPPLY RESTROOM HANDWASH SINKS w/ SINGLE SERVICE SOAP w/ DISPENSER.

DISCONTINUE USE OF BAR TYPE SOAP.

34. OBTAIN TEST STRIPS (HIGH TEMP) FOR DISHWASHER. & OBTAIN CHLORINE TEST STRIPS FOR SANITIZER BUCKET CHLORINE RESIDUAL @ 100PPM MIN.

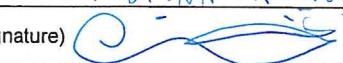
- APPROVAL TO OPERATE ONCE ALL MONITORING COMPLETED FOR WATER SYSTEM.

Received by (Print)

Christina Farmer

Title

Received by (Signature)



Specialist (Print)

PAT SANDERS

Specialist (Signature)



Re-inspection Date:

w/ in 1 month