



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

pg 1 of 1

Date of Inspection: 11 SEP 18

Facility Name: <u>WHITE HAWK RANCH GOLF</u>	Phone Number <u>936-4078</u>	PR ID # <u>100</u>
Facility Site Address: <u>706 WHITEHAWK</u>	City: <u>CED</u>	Zip <u>96102</u>
Permit #: <u>18-154130</u>	Exp Date: <u>2/1/19</u>	Permit Holder: <u>WHGC VENFORE LLC</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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/>				
Food Safety Cert Name: <u>MARCELLE TEJEDA</u> Exp. Date <u>4/22/19</u>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/> 2. Communicable disease; reporting, restrictions & exclusions <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 3. No discharge from eyes, nose, and mouth <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 4. Proper eating, testing, 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"/>				
<input checked="" type="checkbox"/> 9. Proper cooling methods <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 10. Proper cooking time & temperatures <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 11. Proper reheating procedures for hot holding <input checked="" type="checkbox"/>				
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/> 12. Returned and re-service of food <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 13. Food in good condition, safe and unadulterated <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 14. Food contact surfaces: clean and sanitized <input checked="" type="checkbox"/>				

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
<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 <input checked="" type="checkbox"/>				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input checked="" type="checkbox"/>				
<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 <input checked="" type="checkbox"/>				
<b>WATER/HOT WATER</b>				
<input checked="" type="checkbox"/> 21. Hot and cold water available <input checked="" type="checkbox"/> Temp <u>120° F</u> <input checked="" type="checkbox"/>				
<b>LIQUID WASTE DISPOSAL</b>				
<input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed <input checked="" type="checkbox"/>				
<b>VERMIN</b>				
<input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals <input checked="" type="checkbox"/>				

	OUT
24. Person in charge present and performs duties	<input checked="" type="checkbox"/>
<b>PERSONAL CLEANLINESS</b>	
25. Personal cleanliness and hair restraints	<input checked="" type="checkbox"/>
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>	
26. Approved thawing methods used, frozen food	<input checked="" type="checkbox"/>
27. Food separated and protected	<input checked="" type="checkbox"/>
28. Washing fruits and vegetables	<input checked="" type="checkbox"/>
29. Toxic substances properly identified, stored, used	<input checked="" type="checkbox"/>
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>	
30. Food storage; food storage containers identified	<input checked="" type="checkbox"/>
31. Consumer self-service	<input checked="" type="checkbox"/>
32. Food properly labeled & honestly presented	<input checked="" type="checkbox"/>
<b>EQUIPMENT/ UTENSILS/ LINENS</b>	
33. Nonfood contact surfaces clean	<input checked="" type="checkbox"/>
34. Warewashing facilities: installed, maintained, used; test strips	<input checked="" type="checkbox"/>
35. Equipment/ Utensils approved; installed; clean; good repair; capacity	<input checked="" type="checkbox"/>
36. Equipment, utensils and linens: storage and use	<input checked="" type="checkbox"/>
37. Vending machines	<input checked="" type="checkbox"/>
38. Adequate ventilation and lighting; designated areas, use	<input checked="" type="checkbox"/>
<b>PHYSICAL FACILITIES</b>	
39. Thermometers provided and accurate	<input checked="" type="checkbox"/>
40. Wiping cloths: properly used and stored	<input checked="" type="checkbox"/>
<b>PERMANENT FOOD FACILITIES</b>	
41. Plumbing: proper backflow devices	<input checked="" type="checkbox"/>
42. Garbage and refuse properly disposed; facilities maintained	<input checked="" type="checkbox"/>
43. Toilet facilities: properly constructed, supplied, cleaned	<input checked="" type="checkbox"/>
44. Premises; personal/cleaning items: vermin-proofing	<input checked="" type="checkbox"/>
<b>SIGNS/ REQUIREMENTS</b>	
45. Floor, walls and ceilings: built, maintained, and clean	<input checked="" type="checkbox"/>
46. No unapproved private homes/ living or sleeping quarters	<input checked="" type="checkbox"/>
<b>COMPLIANCE &amp; ENFORCEMENT</b>	
47. Signs posted; last inspection report available	<input checked="" type="checkbox"/>
48. Plan Review	<input checked="" type="checkbox"/>
49. Permits Available	<input checked="" type="checkbox"/>
50. Impoundment	<input checked="" type="checkbox"/>
51. Permit Suspension	<input checked="" type="checkbox"/>

	OUT
<b>SUPERVISION</b>	
24. Person in charge present and performs duties	<input checked="" type="checkbox"/>
<b>PERSONAL CLEANLINESS</b>	
25. Personal cleanliness and hair restraints	<input checked="" type="checkbox"/>
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>	
26. Approved thawing methods used, frozen food	<input checked="" type="checkbox"/>
27. Food separated and protected	<input checked="" type="checkbox"/>
28. Washing fruits and vegetables	<input checked="" type="checkbox"/>
29. Toxic substances properly identified, stored, used	<input checked="" type="checkbox"/>
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>	
30. Food storage; food storage containers identified	<input checked="" type="checkbox"/>
31. Consumer self-service	<input checked="" type="checkbox"/>
32. Food properly labeled & honestly presented	<input checked="" type="checkbox"/>
<b>EQUIPMENT/ UTENSILS/ LINENS</b>	
33. Nonfood contact surfaces clean	<input checked="" type="checkbox"/>
34. Warewashing facilities: installed, maintained, used; test strips	<input checked="" type="checkbox"/>
35. Equipment/ Utensils approved; installed; clean; good repair; capacity	<input checked="" type="checkbox"/>
36. Equipment, utensils and linens: storage and use	<input checked="" type="checkbox"/>
37. Vending machines	<input checked="" type="checkbox"/>
38. Adequate ventilation and lighting; designated areas, use	<input checked="" type="checkbox"/>

Title

Received by (Print)

MARCELLE TEJEDA

Received by (Signature)

Specialist (Print)

Specialist (Signature)

Re-Inspection Date:

26 MO