



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 2

Date of Inspection: 6/26/18

| | | |
|--|------------------------------|--|
| Facility Name: <u>LOG CABIN</u> | Phone Number <u>832-9616</u> | PR ID # <u>907</u> |
| Facility Site Address: <u>LOT 3 SIERRA</u> | City: <u>Portola</u> | Zip <u>96122</u> |
| Permit #: <u>18-154297</u> | Exp Date: <u>6/1/19</u> | Permit Holder: <u>SHARON PRECHWINKLE</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 |
|---|---------|-----|-----|-----|
| DEMONSTRATION OF KNOWLEDGE | | | | |
| <input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/> | | | | |
| Food Safety Cert Name: <u>KEITH GARCIA</u> Exp. Date <u>4/22/20</u> | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| <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, tasting, drinking or tobacco use <input checked="" type="checkbox"/> | | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| <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"/> | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| <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"/> | | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| <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 |
|---|---------|-----|-----|-----|
| FOOD FROM APPROVED SOURCES | | | | |
| <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"/> | | | | |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | |
| <input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input checked="" type="checkbox"/> | | | | |
| CONSUMER ADVISORY | | | | |
| <input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/> | | | | |
| Highly Susceptible Populations | | | | |
| <input checked="" type="checkbox"/> 20. Licensed health care facilities/ public & private schools; prohibited foods not offered <input checked="" type="checkbox"/> | | | | |
| WATER/HOT WATER | | | | |
| <input checked="" type="checkbox"/> 21. Hot and cold water available Temp <u>720°F</u> <input checked="" type="checkbox"/> | | | | |
| LIQUID WASTE DISPOSAL | | | | |
| <input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed <input checked="" type="checkbox"/> | | | | |
| VERMIN | | | | |
| <input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals <input checked="" type="checkbox"/> | | | | |

| SUPERVISION | | OUT |
|---|--|-------------------------------------|
| 24. Person in charge present and performs duties | | <input checked="" type="checkbox"/> |
| PERSONAL CLEANLINESS | | |
| 25. Personal cleanliness and hair restraints | | <input checked="" type="checkbox"/> |
| GENERAL FOOD SAFETY REQUIREMENTS | | |
| 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"/> |
| FOOD STORAGE/ DISPLAY/ SERVICE | | |
| 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"/> |
| EQUIPMENT/ UTENSILS/ LINENS | | |
| 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"/> |

| 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 |
| 50. Impoundment |
| 51. Permit Suspension |

| | |
|---|----------------------------------|
| Received by (Print) <u>Sharon L Prechwindle</u> | Title <u>OWNER</u> |
| Received by (Signature) <u>Sharon L Prechwindle</u> | |
| Specialist (Print) <u>Rob Roberts</u> | Specialist (Signature) <u>RR</u> |
| Re-inspection Date: <u>2300hrs</u> | |

| | | | | |
|----------------|------------------|--------|------------|------------------------------------|
| Facility Name: | <u>Log Cabin</u> | FAID # | <u>907</u> | Pg <u>2</u> of <u>2</u> |
| | | | | Date of Inspection: <u>6/20/08</u> |

OBSERVATIONS AND CORRECTIVE ACTIONS

-THIS FACILITY IS APPROVED FOR OPERATION-

| | | | |
|-------------------------|----------------------------|------------------------|---------------------|
| Received by (Print) | <u>Sharon L Pregwinkle</u> | Title | <u>Owner</u> |
| Received by (Signature) | <u>Sharon L Pregwinkle</u> | | |
| Specialist (Print) | <u>Rebekah K. Koenig</u> | Specialist (Signature) | Re-inspection Date: |