



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: 19/04/19

Facility Name: <u>BRANIC C. L. G. B.</u>	Phone Number <u>832-0466</u>	PR ID # <u>77</u>
Facility Site Address: <u>190 COMMERCIAL</u>	City: <u>Portola</u>	Zip <u>96122</u>
Permit #: <u>18-153895</u>	Exp Date: <u>6/25/19</u>	Permit Holder: <u>THE PORTOLA MFG. CO. INC.</u>
Type of Inspection: <u>FOOTER</u>		

See reverse side for the code sections and general requirements that correspond to each violation listed below REVISION

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>LEARNER</u> Exp. Date <u>8/28/20</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9. Proper cooling methods	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	13. Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	14. Food contact surfaces: clean and sanitized	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>				
16. Compliance with shell stock tags, condition, display				
17. Compliance with Gulf Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
CONSUMER ADVISORY				
19. Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/>				
Highly Susceptible Populations				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
WATER/HOT WATER				
<input checked="" type="checkbox"/>	21. Hot and cold water available	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Temp _____				
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed <input checked="" type="checkbox"/>				
VERMIN				
23. No rodents, insects, birds, or animals <input checked="" type="checkbox"/>				

SUPERVISION				
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 <input checked="" type="checkbox"/>				
40. Wiping cloths: properly used and stored <input checked="" type="checkbox"/>				
PHYSICAL FACILITIES				
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"/>				
PERMANENT FOOD FACILITIES				
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"/>				
SIGNS/ REQUIREMENTS				
47. Signs posted; last inspection report available <input checked="" type="checkbox"/>				
COMPLIANCE & ENFORCEMENT				
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"/>				

Received by (Print) Michael S. Middle II
Received by (Signature) Michael S. Middle
Specialist (Print) Jeff Robins/Robins/Robins
Specialist (Signature) Jeff Robins/Robins/Robins

Title

Re-inspection Date: 26/05/19

Facility Name: BRAND CLUB

FA ID # 77

Pg 1 of 1

Date of Inspection: 9/20/19

OBSERVATIONS AND CORRECTIVE ACTIONS

HOT WATER RESTORED
ICE MACHINE REPAIRED
KURE CANS REMOVED
CO₂ BOTTLES SECURED

CLEANING MUCH IMPROVED

THANK YOU

Received by (Print)

Title

Received by (Signature)



Specialist (Print)

Specialist (Signature)

Re-inspection Date:



PLUMAS COUNTY
ENVIRONMENTAL HEALTH DIVISION
FOOD SAFETY EVALUATION REPORT
270 County Hospital Rd., Ste 127 Quincy, CA 95971
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pg 1 of 2

Date of Inspection: 12 MAR 19

Facility Name: <u>BANK CLUB</u>	Facility Site Address: <u>190 COMMERCIAL</u>	City: <u>Popcorn</u>	Phone Number <u>832-0566</u>	PR ID # <u>77</u>
Zip <u>96122</u>				
Permit #: <u>18-155895</u>	Exp Date: <u>6/25/19</u>	Permit Holder: <u>POLOCA NIGHT TRAIL 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
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/>				
Food Safety Cert Name: <u>LEANNED HILL</u> Exp. Date: <u>8/28/20</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"/>				
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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 <input checked="" type="checkbox"/>				
Temp <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"/>
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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"/>
PHYSICAL FACILITIES		
39. Thermometers provided and accurate		<input checked="" type="checkbox"/>
40. Wiping cloths: properly used and stored		<input checked="" type="checkbox"/>
PERMANENT FOOD FACILITIES		
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"/>
SIGNS/ REQUIREMENTS		
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"/>
COMPLIANCE & ENFORCEMENT		
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"/>

Received by (Print)	<u>Michael S. Hiddle II</u>	Title	<u>Employee</u>
Received by (Signature)	<u>Michael S. Hiddle II</u>		
Specialist (Print)	<u>Rob Robmette Jr.</u>	Specialist (Signature)	
		Re-inspection Date: <u>25 days</u>	

OBSERVATIONS AND CORRECTIVE ACTIONS

-VOLUNTARY CLOSURE PENDING RESTORATION OF
HOT WATER / AND PROPANE FUEL -

PLEASE CONTACT THE CITY OF PORTOLA AND
ENVIRONMENTAL HEALTH WHEN PROPANE IS
RESTORED

#6) HANDSHOWER - LACK OF HOT WATER - RESTORE HOT

#6) WATER SUPPLY

#2) RESTORE PROPANE FUEL AND PROVIDE HOT WATER
AT 120°F AT ALL SINKS,

#35 - REPAIR THE LEAKING ICE MACHINE AND REMOVE THE
Drip pan from below the machine.

- REMOVE THE GASOLINE CONTAINERS FROM INSIDE
THE BUILDING.

- REMOVE THE PROPANE CYLINDERS FROM INSIDE
THE BUILDING.

- SECURE CO₂ BOTTLES WITH CHAIN OR CABLE (NO
ELASTIC CORDS)

#45) THOROUGHLY CLEAN THE AREA UNDER AND
AROUND THE BAR OF DEBRIS AND
RESIDUE.

- THOROUGHLY CLEAN THE BAR OF RESIDUE.

Received by (Print)

Title

Received by (Signature)



Specialist (Print)

Specialist (Signature)

Re-inspection Date:

CO No. _____

Log No. - 19-17

PLUMAS COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

REQUEST FOR SERVICE

Animal Waste	Complaint Against:	Bank Club - Portola
Food	Address:	190 Commercial Street
Solid Waste		Portola
Housing	APN:	
Vector	Telephone:	408/561-5809 Leanna Hill
Sewage	Nature of Request:	RP states that they have had propane shut off. No
Water		Hot water for dishes and no heat. Place is filthy. Using propane heaters
Rec Health		For heat. Fumes are bad
U.S.T.		
Hazardous Waste		
Other	X	

Date Reported: 3/12/19 Received By: Cinda

Letter Phone Visit
 Email

Date Investigated: 12MAY19 RESULTS

- VOLUNTARY CLOSURE TO RESTORE PROPANE FUEL NEED
 HOT WATER OBTAINED BY BUSINESS OWNER
 - RETRIEVED INSPECTION CONDUCTED
 - CONTACTED RP
 - CASE CLOSED

Action Taken _____

Date Complainant Notified: 12MAY19