



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 MAR 19

Facility Name: BRICK CLUB Phone Number: 832-0466 PR ID #: 77  
Facility Site Address: 190 COMMERCIAL City: PORTOLA Zip: 96122  
Permit #: 18-153895 Exp Date: 6/25/19 Permit Holder: THE PORTOLA NIGHTMARE LLC Type of Inspection: Reinspection

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      |     |     |     |
| Food Safety Cert Name: <u>LEANN HILL</u> Exp. Date: <u>8/28/20</u> |         |   |     |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>                    |         |   |     |     |     |
| <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            |     |     |     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>                           |         |   |     |     |     |
| <input checked="" type="checkbox"/>                                |         | 5. Hands clean and properly washed; gloves used properly      |     |     |     |
| <input checked="" type="checkbox"/>                                |         | 6. Adequate handwashing facilities supplied & accessible      |     |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>                          |         |   |     |     |     |
| <input checked="" type="checkbox"/>                                |         | 7. Proper hot and cold holding temperatures                   |     |     |     |
| <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"/>                                |         | 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"/>                                |         | 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"/>         |         | 15. Food obtained from approved source  |     |     |     |
| <input checked="" type="checkbox"/>         |         | 16. Compliance with shell stock tags, condition, display                                    |     |     |     |
| <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                                 |     |     |     |
| <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 _____                                  |         |   |     |     |     |
| <b>LIQUID WASTE DISPOSAL</b>                |         |   |     |     |     |
| <input checked="" type="checkbox"/>         |         | 22. Sewage and wastewater properly disposed   |     |     |     |
| <b>VERMIN</b>                               |         |   |     |     |     |
| <input checked="" type="checkbox"/>         |         | 23. No rodents, insects, birds, or animals  |     |     |     |

|   |  | OUT |
|---|--|-----|
| <b>SUPERVISION</b>  |  |     |
| 24. Person in charge present and performs duties                          |  |     |
| <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 |
|---|--|-----|
| <b>PHYSICAL FACILITIES</b>                                      |  |     |
| 39. Thermometers provided and accurate                          |  |     |
| 40. Wiping cloths: properly used and stored                     |  |     |
| <b>PERMANENT FOOD 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>SIGNS/ REQUIREMENTS</b>                                      |  |     |
| 45. Floor, walls and ceilings: built, maintained, and clean     |  |     |
| 46. No unapproved private homes/ living or sleeping quarters    |  |     |
| <b>COMPLIANCE &amp; ENFORCEMENT</b>                             |  |     |
| 47. Signs posted; last inspection report available              |  |     |
| 48. Plan Review   |  |     |
| 49. Permits Available   |  |     |
| 50. Impoundment   |  |     |
| 51. Permit Suspension   |  |     |

Received by (Print) Michael S. Wadde II Title \_\_\_\_\_  
Received by (Signature) [Signature]  
Specialist (Print) [Signature] Specialist (Signature) [Signature] Re-inspection Date: 26 MAR 19

Facility Name:

BANK CLUB

FA ID #

77

Pg 2 of 2

Date of Inspection:

9/22/19

## OBSERVATIONS AND CORRECTIVE ACTIONS

HOT WATER RESTORED  
DCE MACHINE REPAIRED  
RUEL CANS REMOVED  
CO2 BOTTLES SECURED

CLEANING MUCH IMPROVED

Thank you

Received by (Print)

Title

Received by (Signature)

Paul A. Hill II

Specialist (Print)

Specialist (Signature)

Rob Rohmeyer

Re-inspection Date:





PLUMAS COUNTY  
ENVIRONMENTAL HEALTH DIVISION  
**FOOD SAFETY EVALUATION REPORT**  
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pg 1 of 2

Date of Inspection: 12 MAR 19

|  |                               |   |
|--|-------------------------------|---|
| Facility Name: <u>BANK CLUB</u>              | Phone Number: <u>832-0766</u> | PR ID #: <u>77</u>                            |
| Facility Site Address: <u>190 COMMERCIAL</u> | City: <u>PORTOLA</u>          | Zip: <u>96122</u>                             |
| Permit #: <u>18-155895</u>                   | Exp Date: <u>6/25/19</u>      | Permit Holder: <u>PORTOLA NIGHT TRAIN 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           |         |     |     |     |
| Food Safety Cert Name: <u>LEANN HILL</u> Exp. Date: <u>8/24/20</u> |         |     |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>                    |         |     |     |     |
| <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                 |         |     |     |     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>                           |         |     |     |     |
| <input checked="" type="checkbox"/>                                |         |     |     |     |
| 5. Hands clean and properly washed; gloves used properly           |         |     |     |     |
| <input checked="" type="checkbox"/>                                |         |     |     |     |
| 6. Adequate handwashing facilities supplied & accessible           |         |     |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>                          |         |     |     |     |
| <input checked="" type="checkbox"/>                                |         |     |     |     |
| 7. Proper hot and cold holding temperatures                        |         |     |     |     |
| <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"/>                                |         |     |     |     |
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| <b>PROTECTION FROM CONTAMINATION</b>                               |         |     |     |     |
| <input checked="" type="checkbox"/>                                |         |     |     |     |
| 12. Returned and re-service of food                                |         |     |     |     |
| <input checked="" type="checkbox"/>                                |         |     |     |     |
| 13. Food in good condition, safe and unadulterated                 |         |     |     |     |
| <input checked="" type="checkbox"/>                                |         |     |     |     |
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| 16. Compliance with shell stock tags, condition, display                                    |         |     |     |     |
| <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                                 |         |     |     |     |
| <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: _____  |         |     |     |     |
| <b>LIQUID WASTE DISPOSAL</b>  |         |     |     |     |
| <input checked="" type="checkbox"/>   |         |     |     |     |
| 22. Sewage and wastewater properly disposed   |         |     |     |     |
| <b>VERMIN</b>   |         |     |     |     |
| <input checked="" type="checkbox"/>   |         |     |     |     |
| 23. No rodents, insects, birds, or animals  |         |     |     |     |

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

| In  | N/O-N/A | COS | MAJ | OUT |
|---|---------|-----|-----|-----|
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 39. Thermometers provided and accurate                          |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 40. Wiping cloths: properly used and stored                     |         |     |     |     |
| <b>PHYSICAL FACILITIES</b>                                      |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 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          |         |     |     |     |
| <b>PERMANENT FOOD FACILITIES</b>                                |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 45. Floor, walls and ceilings: built, maintained, and clean     |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 46. No unapproved private homes/ living or sleeping quarters    |         |     |     |     |
| <b>SIGNS/ REQUIREMENTS</b>                                      |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 47. Signs posted; last inspection report available              |         |     |     |     |
| <b>COMPLIANCE &amp; ENFORCEMENT</b>                             |         |     |     |     |
| <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   |         |     |     |     |

|  |   |
|--|---|
| Received by (Print) <u>Michael S. Hidde II</u> | Title <u>Employee</u>                     |
| Received by (Signature) <u>[Signature]</u>     |   |
| Specialist (Print) <u>Rob Robette</u>          | Specialist (Signature) <u>[Signature]</u> |
| 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

#5) HANDLING - 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  
SLIP MAT FROM BELOW THE MACHINE.

- REMOVE THE GASOLINE CONTAINERS FROM INSIDE  
THE BUILDING. AND PORTABLE SPACE

- REMOVE THE PROPANE CYLINDERS FROM INSIDE  
THE BUILDING.

- SECURE CO<sub>2</sub> 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 BALCONY 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 ☐  
Email ☐

Phone

☒

Visit

☐

Date Investigated: 12MAR19

**RESULTS**

- Voluntary Closure to restore propane fuel tank
- Hot water obtained by business owner
- Re-inspection conducted
- Contacted RP
- Case closed

Action Taken \_\_\_\_\_

Date Complainant Notified: 12MAR19