



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: 22 Oct 19

Facility Name: <u>GRAEAGLE MILL LODGES</u>	Phone Number <u>836-7828</u>	PR ID # <u>111</u>
Facility Site Address: <u>115 Hwy 89</u>	City: <u>GRAEAGLE</u>	Zip <u>96103</u>
Permit #: <u>19-078</u>	Exp Date: <u>3/30/20</u>	Permit Holder: <u>Sonja Partain</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 type="checkbox"/>		
Food Safety Cert Name: <u>Sonja Partain</u> Exp. Date <u>1/29/20</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<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 type="checkbox"/>		
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>		
TIME AND TEMPERATURE RELATIONSHIPS				
<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			
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/>	12. Returned and re-service of food	<input 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
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			
<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY				
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>		
Highly Susceptible Populations				
<input checked="" type="checkbox"/>	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	Temp <u>71.20°F</u>		
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed			
VERMIN				
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals			

SUPERVISION		OUT
24. Person in charge present and performs duties		
PERSONAL CLEANLINESS		
25. Personal cleanliness and hair restraints		
GENERAL FOOD SAFETY REQUIREMENTS		
26. Approved thawing methods used, frozen food		
27. Food separated and protected		
28. Washing fruits and vegetables		
29. Toxic substances properly identified, stored, used		
FOOD STORAGE/ DISPLAY/ SERVICE		
30. Food storage; food storage containers identified		
31. Consumer self-service		
32. Food properly labeled & honestly presented		
EQUIPMENT/ UTENSILS/ LINENS		
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	
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) Sonja Partain

Title

Owner

Received by (Signature) Spartain

Specialist (Print) Rob Remette Jr

Specialist (Signature)

Re-inspection Date: 6/1/20