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

Date of Inspection: 12/5/19

Facility Name: Casa Amarena Cuisine
Facility Site Address: 315 Pennsylvania City: Lassen
Permit #: 19-994 F Exp Date: 12/17/19

Permit Holder: Innos Foods Inc.

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

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**DEMONSTRATION OF KNOWLEDGE**

1. Demonstration of knowledge; food safety certification

Food Safety Cert Name: Exp Date: 12/17/19

**EMPLOYEE HEALTH & HYGIENIC PRACTICES**

2. Communicable disease; reporting, restrictions & exclusions

3. No discharge from eyes, nose, and mouth

4. Proper eating, tasting, drinking or tobacco use

5. Hands clean and properly washed; gloves used properly

6. Adequate handwashing facilities supplied & accessible

**TIME AND TEMPERATURE RELATIONSHIPS**

7. Proper hot and cold holding temperatures

8. Time as a public health control; procedures & records

9. Proper cooling methods

10. Proper cooling time & temperatures

11. Proper reheating procedures for hot holding

**PROTECTION FROM CONTAMINATION**

12. Returned & re-saleable food

13. Food in good condition; safe & unaltered

14. Food contact surfaces: clean and sanitized

**SUPervision OUT**

24. Person in charge present & performs duties

25. Personal cleanliness & hair restraints

**PERSONAL CLEANLINESS**

26. Approved thawing methods used, frozen food

27. Food separated & protected

28. Washing fruits & 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 & linens; storage & use

37. Vending machines

38. Adequate ventilation & lighting; designated areas, use

**FACILITIES**

39. Thermometers provided & accurate

40. Wiping cloths: properly used & stored

41. Plumbing; proper backflow devices

42. Garbage & refuse properly disposed; facilities maintained

43. Toilet facilities; properly constructed, supplied, cleaned

44. Premises; personal/cleaning items; vermin-proofing

45. Floor, walls & ceilings; built, maintained, & clean

46. No unapproved private homes/ living or sleeping quarters

**SIGNAGE REQUIREMENTS**

47. Signs posted; last inspection report available

**COMPLIANCE & ENFORCEMENT**

48. Plan Review

49. Permits Available

50. Impoundment

51. Permit Suspension

Received by (Print): JUNE FARGO
Received by (Signature):
Specialist (Print): PAT SAWYER
Specialist (Signature): RE INSPECTION DATE: