



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: 6/28/19

Facility Name: <u>Reilly's Saloon & Cafe</u>	Phone Number: <u>675-2359</u>	PR ID #: <u>253</u>
Facility Site Address: <u>1525 MAIN</u>	City: <u>LA BATE</u>	Zip: <u>95981</u>
Permit #: <u>18-220</u>	Exp Date: <u>7/14/19</u>	Permit Holder: <u>BLANE MYERS</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				
Food Safety Cert Name: <u>Reilly's</u> Exp. Date				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
X				
X				
X				
PREVENTING CONTAMINATION BY HANDS				
X				
X				
TIME AND TEMPERATURE RELATIONSHIPS				
X				
	X			
X				
X				
X				
PROTECTION FROM CONTAMINATION				
X				
X				
X				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
X				
X				
X				
X				
X				
CONSUMER ADVISORY				
X				
Highly Susceptible Populations				
X				
WATER/HOT WATER				
X				
LIQUID WASTE DISPOSAL				
VERMIN				
X				

In	N/O-N/A	COS	MAJ	OUT
SUPERVISION				
PERSONAL CLEANLINESS				
GENERAL FOOD SAFETY REQUIREMENTS				
FOOD STORAGE/ DISPLAY/ SERVICE				
EQUIPMENT/ UTENSILS/ LINENS				

In	N/O-N/A	COS	MAJ	OUT
PHYSICAL FACILITIES				
PERMANENT FOOD FACILITIES				
SIGNS/ REQUIREMENTS				
COMPLIANCE & ENFORCEMENT				

Received by (Print) Kelsey Kay Douglas Title

Received by (Signature) [Signature]

Specialist (Print) PAT SANDOZ

Specialist (Signature) [Signature]

Re-inspection Date:

Facility Name: Reilly's Saloon & Cafe

FA ID # 253

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OBSERVATIONS AND CORRECTIVE ACTIONS

THE FACILITY IS CURRENTLY IN ESCROW TO CHANGE OWNERS. NEW OWNERS TO
SUBMIT NEW APPLICATION w/ APPLICABLE FEE. \$50 TO ENVIRONMENTAL HEALTH.
THIS TO BE PERFORMED IN CONJUNCTION w/ ESCROW. IN ORDER TO COVER
THIS CHANGE w/ A CURRENT & VALID HEALTH PERMIT. ONCE ESCROW CLOSURES.

1. SUBMIT A CURRENT & VALID FOOD SAFETY CERTIFICATION FOR RESPONSIBLE
FOOD SAFETY PERSON. DUE w/in 60 DAY OF CHANGE OF OWNER.

38. ALL LIGHTING FIXTURES TO BE FIXED w/ SHATTER GUARDS OR SHATTER
PROOF BULBS, REQUIRED FOR LIGHTING FIXTURES IN FOOD PREP & STORAGE
AREAS.

43. DURING INSPECTION RESTROOMS WERE LOCKED. DUE TO THE SEPTIC NOT
FUNCTIONING @ AN OPTIMAL LEVEL. ~~THE~~ NO SEWAGE HAS DISCHARGED
ONTO THE GROUND ~~AND~~ HAS SEWAGE BACKED UP INTO FACILITY, JUST
DRAWING SLOW. FACILITY IS APPROVED TO OPERATE AS LONG AS NO SEWAGE
SURFACES. PORTA POTTIES ARE AVAILABLE w/in $\approx 150'$ OF FACILITY.
EMPLOYEES ARE TO MONITOR SEPTIC SITE. ANY DISCHARGE OF SEWAGE WILL
REQUIRE THE FACILITY TO CLOSE IMMEDIATELY. - ~~THIS IS A MAJOR DEFICIENCY~~

NEW OWNER TO START SYSTEM / SEPTIC EVALUATION IN 9 DAYS ONCE
ESCROW CLOSURES, & WILL OBTAIN NECESSARY PERMITS TO ANY SEPTIC REPAIR.
TO CONTACT E.H. @ END OF ESCROW.

SEPTIC PUMPER TO BE CONTRACTED FOR TANK PUMPING DURING THE
9 DAY PERIOD. NEW OWNER ALAN SERRA

Received by (Print)

Kelsey Kay Douglas

Title

Received by (Signature)

Specialist (Print)

AT SANDERS

Specialist (Signature)

[Signature]

Re-inspection Date: