



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: 6/28/19

Facility Name: Reilly's Saloon & Cafe
Facility Site Address: 15825 MAIN

City: La Porte

Phone Number 675-2359

PR ID # 253

Permit #: 14-220

Exp Date: 7/14/19

Permit Holder: BLANE MYERS

Type of Inspection:
ROUTINE

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				
1. Demonstration of knowledge; food safety certification XXXXXXXXXX				
Food Safety Cert Name: <u>Pending</u>	Exp. Date			
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/> XXXXXXXXXX	2. Communicable disease; reporting, restrictions & exclusions			
<input checked="" type="checkbox"/> XXXXXX	3. No discharge from eyes, nose, and mouth			
<input checked="" type="checkbox"/> XXXXXX	4. Proper eating, tasting, drinking or tobacco use	XXXXXXXXXX		
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/> XXXXXX	5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/> XXXXXXXXXX	6. Adequate handwashing facilities supplied & accessible	XXXXXXXXXX		
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/> XXXXXX	7. Proper hot and cold holding temperatures			
<input checked="" type="checkbox"/> XXXXXX	8. Time as a public health control; procedures & records			
<input checked="" type="checkbox"/> XXXXXX	9. Proper cooling methods			
<input checked="" type="checkbox"/> XXXXXX	10. Proper cooking time & temperatures			
<input checked="" type="checkbox"/> XXXXXX	11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/> XXXXXX	12. Returned and re-service of food	XXXXXXXXXX		
<input checked="" type="checkbox"/> XXXXXXXXXX	13. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/> XXXXXX	14. Food contact surfaces: clean and sanitized			

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
<input checked="" type="checkbox"/> XXXXXXXXXX	15. Food obtained from approved source			
<input checked="" type="checkbox"/> XXXXXX	16. Compliance with shell stock tags, condition, display			
<input checked="" type="checkbox"/> XXXXXX	17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/> XXXXXX	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY				
<input checked="" type="checkbox"/> XXXXXX	19. Consumer advisory provided for raw or undercooked foods		XXXXXXXXXX	
Highly Susceptible Populations				
<input checked="" type="checkbox"/> XXXXXX	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER				
<input checked="" type="checkbox"/> XXXXXX	21. Hot and cold water available	Temp <u>120°F</u>		
LIQUID WASTE DISPOSAL				
22. Sewage and wastewater properly disposed				
VERMIN				
<input checked="" type="checkbox"/> XXXXXXXXXX	23. No rodents, insects, birds, or animals			

SUPERVISION				
24. Person in charge present and performs duties				OUT
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	XXXXXXXXXX			

39. Thermometers provided and accurate	OUT
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	X
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)	<u>Kelsey Kuy Douglas</u>	Title
Received by (Signature)		
Specialist (Print)	<u>Pat Sawers</u>	Specialist (Signature) <u>H. Hulse</u>

Re-inspection Date:

Facility Name: Reilly's Saloon & CAFE

FAID # 253

Pg 2 of 2

Date of Inspection: 6/28/19

OBSERVATIONS AND CORRECTIVE ACTIONS

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

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

32. ALL LIGHTING FIXTURES TO BE FITTED 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 GROUNDS ~~OR~~ HAS SEWAGE BACKED UP INTO FACILITY, JUST DRAWING DOWN. FACILITY IS APPROVED TO OPERATE AS LONG AS NO SEWAGE SURFACES. PORTA POTIES 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. - ~~IN A 24 HOUR PERIOD~~

NEW OWNER TO START SYSTEM / SEPTIC EVALUATION IN 90 DAYS ONCE ESCROW CLOSES, & WILL OBTAIN BUILDING PERMIT'S TO ANY SEPTIC REPAIR. TO CONTACT E.H. @ END OF ESCROW.

SEPTIC PUMPER TO BE CONTRACTED FOR TANK PUMPING DURING THE 90 DAY PERIOD. NEW OWNER ALAN SCHA

Received by (Print)

Kathy Douglas

Title

Received by (Signature)

Pat Sanders

Specialist (Print)

Specialist (Signature)

Kathy

Re-inspection Date: