



PLUMAS COUNTY

pg 1 of \_\_\_\_

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: 9/23/20

Facility Name: <u>MT LASSON CUBS</u>	Phone Number: <u>258-2991</u>	PR ID #: <u>209</u>
Facility Site Address: <u>173 MAIN ST</u>	City: <u>CHESTER</u>	Zip: <u>96020</u>
Permit #: <u>20-176</u>	Exp Date: <u>2/1/21</u>	Permit Holder: <u>SAMUEL BERES</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>					
X		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>SHAWN FOUER</u> Exp. Date: <u>1/14/23</u>					
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
X		2. Communicable disease; reporting, restrictions & exclusions			
X		3. No discharge from eyes, nose, and mouth			
X		4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>					
X		5. Hands clean and properly washed; gloves used properly			
		6. Adequate handwashing facilities supplied & accessible			X
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
X		7. Proper hot and cold holding temperatures			
	X	8. Time as a public health control; procedures & records			
	X	9. Proper cooling methods			
X		10. Proper cooking time & temperatures			
	X	11. Proper reheating procedures for hot holding			
<b>PROTECTION FROM CONTAMINATION</b>					
X		12. Returned and re-service of food			
X		13. Food in good condition, safe and unadulterated			
X		14. Food contact surfaces: clean and sanitized			

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

In	N/O-N/A		COS	MAJ	OUT
----	---------	--	-----	-----	-----

<b>SUPERVISION</b>		OUT
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		

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

Received by (Print) <u>KATHY COOPER</u>	Title
Received by (Signature) <u>KATHY COOPER</u>	
Specialist (Print) <u>PAT SANDERS</u>	Specialist (Signature) <u>[Signature]</u>
Re-inspection Date:	

Facility Name:

MT LASSEN CLUB

FA ID # 209

Pg 2 of 2

Date of Inspection: 9/23/20

## OBSERVATIONS AND CORRECTIVE ACTIONS

6. PROVIDE SINGLE SERVICE SOAP & PAPER TOWELS IN REAR KITCHEN AREA 3-COMPARTMENT SINK FOR HAND WASHING WHEN PERFORMING FOOD, LIMITED MENU,

NOTE: THE FACILITY HAS BEGUN SERVING FOOD TO BE IN COMPLIANCE W/ CURRENT COVID-19 ISSUES.

ALL FOODS ARE MADE TO ORDER & FACILITY HAS APPROPRIATE EQUIPMENT TO SAFELY SERVE FOOD TO RESIDE.

FOOD PRODUCTS / MENU INCLUDE

- NUTS
- CHIPS
- POPCORN
- CUP OF NOODLES
- HOT DOGS
- HOT PRETZEL
- TAMALES
- PICKLED EGGS

Received by (Print)

Kathryn Counts

Title

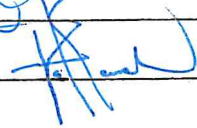
Received by (Signature)

Kathryn Counts

Specialist (Print)

PAT JANDER

Specialist (Signature)



Re-inspection Date: