



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 1

Date of Inspection: 11/16/22

|   |                              |                                     |
|---|------------------------------|-------------------------------------|
| Facility Name: <u>IL LAGO</u>                   | Phone Number <u>596-3902</u> | PR ID # <u>187</u>                  |
| Facility Site Address: <u>401 Peninsula Dr.</u> | City: <u>Lake Almanor</u>    | Zip <u>96137</u>                    |
| Permit #: <u>22-187</u>                         | Exp Date: <u>2/1/23</u>      | Permit Holder: <u>DENNIS MANNIE</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>               |   |     |     |     |
| <input checked="" type="checkbox"/>             | 1. Demonstration of knowledge; food safety certification      |     |     |     |
| Food Safety Cert Name: <u>DENNIS MANNIE</u>     | Exp. Date <u>6-6/30/26</u>                                    |     |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b> |   |     |     |     |
| <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            |     |     |     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>        |   |     |     |     |
| <input checked="" type="checkbox"/>             | 5. Hands clean and properly washed; gloves used properly      |     |     |     |
| <input checked="" type="checkbox"/>             | 6. Adequate handwashing facilities supplied & accessible      |     |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>       |   |     |     |     |
| <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               |     |     |     |
| <b>PROTECTION FROM CONTAMINATION</b>            |   |     |     |     |
| <input checked="" type="checkbox"/>             | 12. Returned and re-service of food                           |     |     |     |
| <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 |
|---|---|------|-----|-----|
| <b>FOOD FROM APPROVED SOURCES</b>           |   |      |     |     |
| <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   |      |     |     |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b> |   |      |     |     |
| <input checked="" type="checkbox"/>         | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |      |     |     |
| <b>CONSUMER ADVISORY</b>                    |   |      |     |     |
| <input checked="" type="checkbox"/>         | 19. Consumer advisory provided for raw or undercooked foods                                 |      |     |     |
| <b>Highly Susceptible Populations</b>       |   |      |     |     |
| <input checked="" type="checkbox"/>         | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |      |     |     |
| <b>WATER/HOT WATER</b>                      |   |      |     |     |
| <input checked="" type="checkbox"/>         | 21. Hot and cold water available  | Temp |     |     |
| <b>LIQUID WASTE DISPOSAL</b>                |   |      |     |     |
| <input checked="" type="checkbox"/>         | 22. Sewage and wastewater properly disposed   |      |     |     |
| <b>VERMIN</b>                               |   |      |     |     |
| <input checked="" type="checkbox"/>         | 23. No rodents, insects, birds, or animals  |      |     |     |

| SUPERVISION   |  | 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              |  |     |

| OUT   |  |
|---|--|
| 39. Thermometers provided and accurate                          |  |
| 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) Stacy Mannie  
Received by (Signature) Stacy Mannie  
Specialist (Print) Pat Sanders Specialist (Signature) Pat Sanders

Title Owner  
Re-inspection Date: