



PLUMAS COUNTY
pg 1 of 2
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: 8/4/23

Facility Name: THE RANCH HOUSE Phone Number 258-4226 PR ID # 98
Facility Site Address: 669 MAIN ST. City: CHESTER Zip 96020
Permit #: 22-068 Exp Date: 8/25/23 Permit Holder: SHANNON STORY
Type of Inspection: Review

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					
X		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>MEGAN WHITE</u>		Exp. Date <u>11/14/24</u>			
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
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			
PREVENTING CONTAMINATION BY HANDS					
X		5. Hands clean and properly washed; gloves used properly			
X		6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
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			
PROTECTION FROM CONTAMINATION					
X		12. Returned and re-service of food			
		13. Food in good condition, safe and unadulterated	X	X	
X		14. Food contact surfaces: clean and sanitized			

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

In	N/O-N/A		COS	MAJ	OUT
SUPERVISION					
24. Person in charge present and performs duties					
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		X			
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	
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	
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) SEE PAGE 2

Title

Received by (Signature)

Specialist (Print)

PAT SANDERS

Specialist (Signature)

Re-inspection Date:

Facility Name: <u>THE Ranch House</u>	FA ID # <u>98</u>	Pg <u>2</u> of <u>2</u> Date of Inspection: <u>8/14/23</u>
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OBSERVATIONS AND CORRECTIVE ACTIONS

35. CLEAN INSIDE & OUTSIDE OF ALL ALL EQUIPMENT, REFRIGERATION, FREEZERS ETC. ON A ROUTINE BASIS TO PREVENT ACCUMULATION OF FOOD DEBRIS

13. THE FOLLOWING WAS DISPOSED OF DURING INSPECTION DUE TO VEHICLE ADULTERATION:

≈ 1/4 of 1 Liter Smirnoff Vodka

≈ 1/4 of 1 Liter Hawa Bay Rum.

-LONG TERM GOAL: Replace flavor in Kitchen/Prep Area

Received by (Print) <u>Breanna Rice</u>	Title
Received by (Signature) <u>B. Rice</u>	
Specialist (Print) <u>Pat Sanders</u>	Specialist (Signature) <u>H. J.</u>
Re-inspection Date:	