



Date of Inspection: 10/24/23

|  |                               |                                     |
|--|-------------------------------|-------------------------------------|
| Facility Name: <u>MT LASSEN CLUB</u>   | Phone Number: <u>258-2991</u> | PR ID #: <u>209</u>                 |
| Facility Site Address: <u>173 MAIN</u> | City: <u>CHESTER</u>          | Zip: <u>96020</u>                   |
| Permit #: _____                        | Exp Date: _____               | Permit Holder: <u>SEE 49. BELOW</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>                                 |         |   |     |     |     |
|   |         | 1. Demonstration of knowledge; food safety certification      |     |     | X   |
| Food Safety Cert Name: <u>SUBMIT IMMEDIATELY</u> Exp. Date: _____ |         |   |     |     |     |
| <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      |     |     |     |
| X   |         | 6. Adequate handwashing facilities supplied & accessible      |     |     |     |
| <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 _____   |
| <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              |  |     |

|   |  |     |
|---|--|-----|
|   |  | 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   |  | X   |
| 50. Impoundment   |  |     |
| 51. Permit Suspension   |  |     |

Received by (Print) Daniel Speaks

Title

Received by (Signature) [Signature]

Specialist (Print) Pat Sanders

Specialist (Signature) [Signature]

Re-inspection Date: \_\_\_\_\_

Facility Name:

MT LASSEN CLUB

FA ID # 209

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## OBSERVATIONS AND CORRECTIVE ACTIONS

1. Submit A current & valid Managers Food Safety Certification to E.H. Immediately. This must be submitted w/ Payment of Health Permit
49. Obtain A current & valid Health Permit Immediately. Facility is currently operating w/out A valid Health Permit

Received by (Print)

David Gears

Title

Received by (Signature)

[Signature]

Specialist (Print)

Pat Sanders

Specialist (Signature)

[Signature]

Re-inspection Date: