



PLUMAS COUNTY
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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: 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>Lassen</u>	Zip <u>96020</u>
Permit #: <u></u>	Exp Date: <u></u>	Permit Holder: <u>SEG 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	CO S	MAJ	OU T
DEMONSTRATION OF KNOWLEDGE				
	1. Demonstration of knowledge; food safety certification	<input checked="" type="checkbox"/>		
Food Safety Cert Name: <u>Submit Immediately</u> Exp. Date				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<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	<input checked="" type="checkbox"/>		
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>		
TIME AND TEMPERATURE RELATIONSHIPS				
<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			
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/>	12. Returned and re-service of food	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	13. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>	14. Food contact surfaces: clean and sanitized			

FOOD FROM APPROVED SOURCES	
<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
CONFORMANCE WITH APPROVED PROCEDURES	
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan
CONSUMER ADVISORY	
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods
Highly Susceptible Populations	
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered
WATER/HOT WATER	
<input checked="" type="checkbox"/>	21. Hot and cold water available Temp _____
LIQUID WASTE DISPOSAL	
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed
VERMIN	
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals

In	N/O-N/A	CO S	MAJ	OU T
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				
36. Equipment, utensils and linens: storage and use				
37. Vending machines				
38. Adequate ventilation and lighting; designated areas, use				

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	<input checked="" type="checkbox"/>
51. Permit Suspension	

Received by (Print)	<u>Daniel</u>	Title
Received by (Signature)	<u>10/24/23</u>	
Specialist (Print)	<u>Pat Sandas</u>	Specialist (Signature)
		Re-inspection Date:

OBSERVATIONS AND CORRECTIVE ACTIONS

1. Submit a current & valid Managers Food Safety Certification to E.H. Inspector(s). 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 Afegrs

Title

Received by (Signature)

ature) *Pat Sanders* *RE* *Pat Sanders*
Pat Sanders Specialist (Signature) *Pat Sanders*

Specialist (Signature)

Re-inspection Date: