



Date of Inspection: 6/11/14

Facility Name: PAUL BUNYAN RESORT Phone Number 596-4700 PR ID # 2834
 Facility Site Address: 443 PENINSULA City: LAKE AMADOR Zip 96137
 Permit #: _____ Exp Date: _____ Permit Holder: _____
 Type of Inspection: Routine

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: _____ Exp. Date: _____ <u>w/in 60 days 30 day</u> | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| X | X | | | |
| 2. Communicable disease; reporting, restrictions & exclusions | | | | |
| X | | | | |
| 3. No discharge from eyes, nose, and mouth | | | | |
| X | | | X | |
| 4. Proper eating, tasting, drinking or tobacco use | | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| X | | | | |
| 5. Hands clean and properly washed; gloves used properly | | | | |
| X | X | | X | |
| 6. Adequate handwashing facilities supplied & accessible | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| X | | | | |
| 7. Proper hot and cold holding temperatures | | | | |
| X | X | | | |
| 8. Time as a public health control; procedures & records | | | | |
| X | X | | | |
| 9. Proper cooling methods | | | | |
| X | | | | |
| 10. Proper cooking time & temperatures | | | | |
| X | | | | |
| 11. Proper reheating procedures for hot holding | | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| X | | | X | |
| 12. Returned and re-service of food | | | | |
| X | X | | | |
| 13. Food in good condition, safe and unadulterated | | | | |
| X | | | | |
| 14. Food contact surfaces: clean and sanitized | | | | |

| In | N/O-N/A | COS | MAJ | OUT |
|---|---------|-----|-----|-----|
| FOOD FROM APPROVED SOURCES | | | | |
| X | 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 | | | 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 | X | | | |
| 21. Hot and cold water available Temp <u>120°F</u> | | | | |
| LIQUID WASTE DISPOSAL | | | | |
| X | X | | | |
| 22. Sewage and wastewater properly disposed | | | | |
| VERMIN | | | | |
| X | X | | | |
| 23. No rodents, insects, birds, or animals | | | | |

| In | N/O-N/A | COS | MAJ | OUT |
|---|---------|-----|-----|-----|
| SUPERVISION | | | | |
| | | | | OUT |
| 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 | | | | |
| | | | | X |
| 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 | | | | |

| In | N/O-N/A | COS | MAJ | OUT |
|---|---------|-----|-----|-----|
| | | | | 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) Linda Cashman Title Owner
 Received by (Signature) _____
 Specialist (Print) PAT SANDERS Specialist (Signature) _____ Re-inspection Date: _____

Facility Name: PAUL BOYAN RESORT

FA ID # 2834

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Date of Inspection: 6/14/14

OBSERVATIONS AND CORRECTIVE ACTIONS

1. OBTAIN & SUBMIT COPY OF FOOD SAFETY CERTIFICATION TO C.H.
MUST SUBMIT EVIDENCE OR RECEIPT THAT TRAINING OR DATE FOR TEST
IS PENDING WITHIN 30 DAYS.

27. STORE ALL RAW MEATS IN REFRIGERATION UNIT BELOW & AWAY FROM
READY TO EAT FOODS

Received by (Print)

Linda Gashman

Title

owner

Received by (Signature)

[Signature]

Specialist (Print)

PAT SAUNDERS

Specialist (Signature)

[Signature]

Re-inspection Date: