



Date of Inspection: 8/12/14

Facility Name: Plumas Pines Stone Phone Number 259-4343 PR ID # 2888
 Facility Site Address: 3000 West Avenue City: Canyon Am Zip 95923
 Permit #: 13-126892 Exp Date: 6/1/14 Permit Holder: Plumas Pines Resort Inc
 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	In	N/O-N/A	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE					FOOD FROM APPROVED SOURCES				
X					X				
1. Demonstration of knowledge; food safety certification					15. Food obtained from approved source				
Food Safety Cert Name: <u>Non-Prep / Pre-Prep</u> Exp. Date: <u></u>					16. Compliance with shell stock tags, condition, display				
					17. Compliance with Gulf Oyster Regulations				
EMPLOYEE HEALTH & HYGIENIC PRACTICES					CONFORMANCE WITH APPROVED PROCEDURES				
X					X				
2. Communicable disease; reporting, restrictions & exclusions					18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
X					CONSUMER ADVISORY				
X					19. Consumer advisory provided for raw or undercooked foods				
X					Highly Susceptible Populations				
3. No discharge from eyes, nose, and mouth					20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
X					WATER/HOT WATER				
4. Proper eating, tasting, drinking or tobacco use					21. Hot and cold water available				
PREVENTING CONTAMINATION BY HANDS					Temp <u>Avalanche</u>				
X					LIQUID WASTE DISPOSAL				
5. Hands clean and properly washed; gloves used properly					22. Sewage and wastewater properly disposed				
X					VERMIN				
6. Adequate handwashing facilities supplied & accessible					23. No rodents, insects, birds or animals				
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									
X									
13. Food in good condition, safe and unadulterated									
X									
14. Food contact surfaces: clean and sanitized									

SUPERVISION		OUT	39. Thermometers provided and accurate		OUT
24. Person in charge present and performs duties			40. Wiping cloths: properly used and stored		
PERSONAL CLEANLINESS			PHYSICAL FACILITIES		
25. Personal cleanliness and hair restraints			41. Plumbing: proper backflow devices		
GENERAL FOOD SAFETY REQUIREMENTS			42. Garbage and refuse properly disposed, facilities maintained		
26. Approved thawing methods used, frozen food			43. Toilet facilities: properly constructed, supplied, cleaned		
27. Food separated and protected			44. Premises: personal/cleaning items; vermin-proofing		
28. Washing fruits and vegetables			PERMANENT FOOD FACILITIES		
29. Toxic substances properly identified, stored, used			45. Floor, walls and ceilings: built, maintained, and clean		
FOOD STORAGE/ DISPLAY/ SERVICE			46. No unapproved private homes/ living or sleeping quarters		
30. Food storage; food storage containers identified			SIGNS/ REQUIREMENTS		
31. Consumer self-service			47. Signs posted; last inspection report available		
32. Food properly labeled & honestly presented			COMPLIANCE & ENFORCEMENT		
EQUIPMENT/ UTENSILS/ LINENS			48. Plan Review		
33. Nonfood contact surfaces clean			49. Permits Available		
34. Warewashing facilities: installed, maintained, used; test strips			50. Impoundment		
35. Equipment/ Utensils approved; installed; clean; good repair; capacity			51. Permit Suspension		
36. Equipment, utensils and linens: storage and use					
37. Vending machines					
38. Adequate ventilation and lighting; designated areas, use					

Received by (Print) Kevin Williams Title _____
 Received by (Signature) Kevin Williams
 Specialist (Print) PAT SANDERS Specialist (Signature) [Signature] Re-inspection Date: _____