PLUMAS COUNTY
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: 26 SEP 14

Facility Name: SNOWSHOES
Phone Number 836-1420
PR ID # 0887
Facility Site Address: 402 POPLAR VALLEY
City: BLAIRSDEN
Zip 96103
Permit #: 14-1300283C
Exp Date: 4/1/15
Permit Holder: THREE TREE HOLDINGS II LLC
Type of Inspection: ROOTINE

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: ABEL GARCIA Exp. Date 11/15/15			
		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			
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		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			

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	
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) Abel Garcia Title Sous Chef

Received by (Signature) Abel Garcia

Specialist (Print) Rob Robinette Specialist (Signature) Re-inspection Date: 6 MOS

Facility Name: SNOWSHOES

PR FA ID # 0887

Pg 2 of 2

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OBSERVATIONS AND CORRECTIVE ACTIONS

#35) REPAIR THE CONDENSATE DRAIN LINE AT THE "KNIGHT" BRAND SANDWICH PREPARATION REFRIGERATOR (FOUND POOLING WATER ON THE FLOOR OF THE REFRIGERATOR)

Received by (Print)

Title Sous chef

Received by (Signature) [signature]

Specialist (Print) Rob Kelanette

Specialist (Signature) [signature]

Re-inspection Date: 26MAR