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: 6 DEC 13

Facility Name: CANYON BAR & GRILL LLC Phone Number 832-1200 PR ID # 1069
Facility Site Address: 448 W SIERRA City: PORTOLA Zip 96122
Permit #: PENDING Exp Date: Permit Holder: CANYON BAR & GRILL LLC
Type of Inspection: PRE OPENING

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			
		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: PENDING		Exp. Date			
		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			
		6. Adequate handwashing facilities supplied & accessible			X
		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			
		14. Food contact surfaces: clean and sanitized			X

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 120°F			
		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	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	X
34. Warewashing facilities: installed, maintained, used; test strips	X
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	X
50. Impoundment	
51. Permit Suspension	

Received by (Print) Title

Received by (Signature) RUBEN LOPEZ

Specialist (Print) Kelly Robinette Specialist (Signature) Re-inspection Date: ~30 days

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OBSERVATIONS AND CORRECTIVE ACTIONS

#6) -REPLACE THE MISSING PAPER TOWEL HOLDER AT THE 3-COMPARTMENT SINK IN THE KITCHEN
-PROVIDE SINGLE SERVICE HANDSOAP AND PAPER TOWELS AT THE BAR AREA

#14) THOROUGHLY CLEAN KITCHEN EQUIPMENT AND SINKS OF RESIDUE - SEE THE UPRIGHT FREEZER AND VEGETABLE WASH SINK

#26) THAW POTENTIALLY HAZARDOUS FOODS IN REFRIGERATION, BY DIRECT COOKING, UNDER RUNNING WATER, OR BY DIRECT COOKING (SEE BACON AT PREP TABLE)

#33) CLEAN HAND CONTACT SURFACES IN THE KITCHEN OF RESIDUE

#34) PROVIDE TEST STRIPS FOR MEASURING CL RESIDUAL - STOCK ON-HAND WERE SPOILED AND NON-FUNCTIONAL.

#35) REPLACE THE MISSING ICE BIN AT THE BAR AREA TO SEPARATE FOOD ICE FROM COOLING ICE.

#48) PLEASE COMPLETE A PERMIT APPLICATION THAT REFLECTS THE CHANGE OF OWNER AND NAME OF THE RESTAURANT. PAYMENT OF FEES DUE AT TIME OF APPLICATION SUBMITTAL.

#1) PROVIDE A CERTIFIED FOOD HANDLER FOR THIS FACILITY WITHIN THE NEXT 60 DAYS.

Received by (Print) Title

Received by (Signature)

Specialist (Print) Specialist (Signature) Re-inspection Date: