



Date of Inspection: 10/1/14

Facility Name: Lakeshore Resort Phone Number 283-2848 PR ID # 4089
 Facility Site Address: 16001 Buck Lake Rd. City: Bucks Lake Zip 95971
 Permit #: 13-126861 Exp Date: 6/14/15 Permit Holder: Dewitt + Kim Henderson Type of Inspection: Routine
14-130332

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				
✓					✓				
					✓				
1. Demonstration of knowledge; food safety certification					15. Food obtained from approved source				
Food Safety Cert Name: <u>Kim Henderson</u> Exp. Date <u>3/21/15</u>					16. Compliance with shell stock tags, condition, display				
EMPLOYEE HEALTH & HYGIENIC PRACTICES					17. Compliance with Gull Oyster Regulations				
✓					✓				
2. Communicable disease; reporting, restrictions & exclusions					CONFORMANCE WITH APPROVED PROCEDURES				
✓					✓				
3. No discharge from eyes, nose, and mouth					18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
✓					CONSUMER ADVISORY				
✓					✓				
4. Proper eating, tasting, drinking or tobacco use					19. Consumer advisory provided for raw or undercooked foods				
PREVENTING CONTAMINATION BY HANDS					Highly Susceptible Populations				
✓					✓				
5. Hands clean and properly washed; gloves used properly					20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
✓					WATER/HOT WATER				
✓					✓				
6. Adequate handwashing facilities supplied & accessible					21. Hot and cold water available Temp <u>120°F</u>				
TIME AND TEMPERATURE RELATIONSHIPS					LIQUID WASTE DISPOSAL				
✓					✓				
7. Proper hot and cold holding temperatures					22. Sewage and wastewater properly disposed				
✓					VERMIN				
✓					✓				
8. Time as a public health control; procedures & records					23. No rodents, insects, birds, or animals				
✓									
✓									
✓									
✓									
PROTECTION FROM CONTAMINATION									
✓									
✓									
✓									
12. Returned and re-service of food									
13. Food in good condition, safe and unadulterated									
14. Food contact surfaces: clean and sanitized									

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									
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) Rebecca Wingate Title _____
 Received by (Signature) Rebecca Wingate
 Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine