



Date of Inspection: 7/18/12

Facility Name: Sierra Sky Lodge Phone Number 836-2344 PR ID # 4052  
 Facility Site Address: 58585 Hwy 70N City: Cromberg Zip 96103  
 Permit #: 11-117511 Exp Date: 7/1/12 Permit Holder: Wayne Yates 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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
✓				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>Wendy Yates</u> Exp. Date: <u>5/9/14</u>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
✓				
2. Communicable disease; reporting, restrictions & exclusions				
✓				
3. No discharge from eyes, nose, and mouth				
✓				
4. Proper eating, tasting, drinking or tobacco use				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
✓				
5. Hands clean and properly washed; gloves used properly				
✓				
6. Adequate handwashing facilities supplied & accessible				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
				✓
7. Proper hot and cold holding temperatures				
	✓			
8. Time as a public health control; procedures & records				
✓				
9. Proper cooling methods				
✓				
10. Proper cooking time & temperatures				
✓				
11. Proper reheating procedures for hot holding				
<b>PROTECTION FROM CONTAMINATION</b>				
✓				
12. Returned and re-service of food				
✓				
13. Food in good condition, safe and unadulterated				
✓				
14. Food contact surfaces: clean and sanitized				

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
✓				
15. Food obtained from approved source				
✓				
16. Compliance with shell stock tags, condition, display				
✓				
17. Compliance with Gulf Oyster Regulations				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
✓				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
<b>CONSUMER ADVISORY</b>				
✓				
19. Consumer advisory provided for raw or undercooked foods				
<b>Highly Susceptible Populations</b>				
✓				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
<b>WATER/HOT WATER</b>				
✓				
21. Hot and cold water available Temp <u>126°F</u>				
<b>LIQUID WASTE DISPOSAL</b>				
✓				
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
✓				
23. No rodents, insects, birds, or animals				

	OUT
<b>SUPERVISION</b>	
24. Person in charge present and performs duties	
<b>PERSONAL CLEANLINESS</b>	
25. Personal cleanliness and hair restraints	
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>	
26. Approved thawing methods used, frozen food	
27. Food separated and protected	
28. Washing fruits and vegetables	
29. Toxic substances properly identified, stored, used	
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>	
30. Food storage; food storage containers identified	
31. Consumer self-service	
32. Food properly labeled & honestly presented	
<b>EQUIPMENT/ UTENSILS/ LINENS</b>	
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	
<b>PHYSICAL FACILITIES</b>	
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	
<b>PERMANENT FOOD FACILITIES</b>	
45. Floor, walls and ceilings: built, maintained, and clean	
46. No unapproved private homes/ living or sleeping quarters	
<b>SIGNS/ REQUIREMENTS</b>	
47. Signs posted; last inspection report available	
<b>COMPLIANCE &amp; ENFORCEMENT</b>	
48. Plan Review	
49. Permits Available	✓
50. Impoundment	
51. Permit Suspension	

Received by (Print) \_\_\_\_\_ Title \_\_\_\_\_  
 Received by (Signature) Wendy Yates  
 Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine

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OBSERVATIONS AND CORRECTIVE ACTIONS

- ② Adjust small refrigerator in dining area to maintain 41°F or below. Observed at 45°F.
- ③ Use cutting boards that are easily cleanable. Do not use board inset in tile. - Corrected.
- ④ Health permit expired 7/1/12. Remit renewal fee ASAP.

Received by (Print)	Title		
Received by (Signature)	<i>Wendy Gates</i>		
Specialist (Print)	Specialist (Signature)	Re-inspection Date:	
<i>Deborah Anderson</i>	<i>Deborah Anderson</i>	Routine	