



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

pg 1 of 2

Date of Inspection: 18 MAR 16

Facility Name: CAROL'S ROADHOUSE	Phone Number: 250-4126	PR ID #: 98
Facility Site Address: 669 Main	City: CHESTER	Zip: 96020
Permit #: 16-140639 Exp Date: 2/1/17	Permit Holder: CAROL BANISTER	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
DEMONSTRATION OF KNOWLEDGE				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <i>TOMMY WESLEY</i>		Exp. Date <i>1/20/20</i>		
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
2. Communicable disease; reporting, restrictions & exclusions				
3. No discharge from eyes, nose, and mouth				
4. Proper eating, tasting, drinking or tobacco use				
PREVENTING CONTAMINATION BY HANDS				
5. Hands clean and properly washed; gloves used properly				
6. Adequate handwashing facilities supplied & accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
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				
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				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
15. Food obtained from approved source				
16. Compliance with shell stock tags, condition, display				
17. Compliance with Gulf Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
CONSUMER ADVISORY				
19. Consumer advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
20. Licensed health care facilities/ public & private schools: prohibited foods not offered				
WATER/HOT WATER				
21. Hot and cold water available				
Temp <i>71.20°F</i>				
LIQUID WASTE DISPOSAL				
22. Sewage and wastewater properly disposed				
VERMIN				
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		
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) *Angela R Boatright*

Received by (Signature) *Angela R Boatright*

Specialist (Print) *Rob Roberts*

Specialist (Signature) *RR*

Title

Re-inspection Date: *26 MARS*

Facility Name: CHOCO'S RANCH HOUSE

PAID # 98

Pg 2 of 2

Date of Inspection: 15 MARCH

OBSERVATIONS AND CORRECTIVE ACTIONS

#35) -THOROUGHLY CLEAN THE SHELVING (3 FLOORS IN THE KITCHEN) OF RESIDUE.

-THOROUGHLY CLEAN THE BAR AREA (OUNTAIN GRO (BARMASTER)) OF RESIDUE.

Received by (Print)

Angela R. Boatright

Title

Received by (Signature)

Angela R. Boatright

Specialist (Print)

Rebekah Boatright

Specialist (Signature)

Re-inspection Date: