



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

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Date of Inspection: 10/11/17

Facility Name: <u>CARLOS RANCH HOUSE</u>	Phone Number: <u>256-4226</u>	PR ID # <u>98</u>
Facility Site Address: <u>669 MAIN</u>	City: <u>CHESTER</u>	Zip: <u>96002</u>
Permit #: <u>16-140639</u>	Exp Date: <u>2/1/17</u>	Permit Holder: <u>CAROL BARENCH</u>
		Type of Inspection: <u>ROUTINE</u>

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>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
1. Demonstration of knowledge; food safety certification: Food Safety Cert Name: <u>JERRY WESLEY</u> Exp. Date: <u>1/26/20</u>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
2. Communicable disease; reporting, restrictions & exclusions				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
3. No discharge from eyes, nose, and mouth				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
4. Proper eating, tasting, drinking or tobacco use				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
5. Hands clean and properly washed; gloves used properly				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
6. Adequate handwashing facilities supplied & accessible				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
7. Proper hot and cold holding temperatures				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
8. Time as a public health control; procedures & records				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
9. Proper cooling methods				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
10. Proper cooking time & temperatures				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
11. Proper reheating procedures for hot holding				
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
12. Returned and re-service of food				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
13. Food in good condition, safe and unadulterated				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
14. Food contact surfaces: clean and sanitized				

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
15. Food obtained from approved source				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
16. Compliance with shell stock tags, condition, display				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
17. Compliance with Gulf Oyster Regulations				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
19. Consumer advisory provided for raw or undercooked foods				
<b>Highly Susceptible Populations</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
<b>WATER/HOT WATER</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
21. Hot and cold water available Temp: <u>212°F</u>				
<b>LIQUID WASTE DISPOSAL</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
23. No rodents, insects, birds, or animals				

In	N/O-N/A	COS	MAJ	OUT
<b>SUPERVISION</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
24. Person in charge present and performs duties				
<b>PERSONAL CLEANLINESS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
25. Personal cleanliness and hair restraints				
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
26. Approved thawing methods used, frozen food				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
27. Food separated and protected				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
28. Washing fruits and vegetables				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
29. Toxic substances properly identified, stored, used				
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
30. Food storage: food storage containers identified				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
31. Consumer self-service				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
32. Food properly labeled & honestly presented				
<b>EQUIPMENT/ UTENSILS/ LINENS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
33. Nonfood contact surfaces clean				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
34. Warewashing facilities: installed, maintained, used; test strips				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
35. Equipment/ Utensils approved; installed; clean; good repair; capacity				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
36. Equipment, utensils and linens: storage and use				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
37. Vending machines				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
38. Adequate ventilation and lighting; designated areas, use				

In	N/O-N/A	COS	MAJ	OUT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
39. Thermometers provided and accurate				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
40. Wiping cloths: properly used and stored				
<b>PHYSICAL FACILITIES</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
41. Plumbing: proper backflow devices				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
42. Garbage and refuse properly disposed; facilities maintained				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
43. Toilet facilities: properly constructed, supplied, cleaned				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
44. Premises: personal/cleaning items; vermin-proofing				
<b>PERMANENT FOOD FACILITIES</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
45. Floor, walls and ceilings: built, maintained, and clean				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
46. No unapproved private homes/ living or sleeping quarters				
<b>SIGNS/ REQUIREMENTS</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
47. Signs posted; last inspection report available				
<b>COMPLIANCE &amp; ENFORCEMENT</b>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
48. Plan Review				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
49. Permits Available				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
50. Impoundment				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
51. Permit Suspension				

Received by (Print): <u>Angela R Boatright</u>	Title: _____
Received by (Signature): <u>Angela R Boatright</u>	
Specialist (Print): <u>Rob Roberts</u>	Specialist (Signature): <u>Rob Roberts</u>
Re-inspection Date: <u>11/1/17</u>	

Facility Name:

CAROL'S RANCH HOUSE

FA ID #

98

Pg

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Date of Inspection:

18 MAR 16

## OBSERVATIONS AND CORRECTIVE ACTIONS

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

- THOROUGHLY CLEAN THE BAR AREA FOUNTAIN GUYS (BARMAKER) OF RESIDUE.

Received by (Print)

Angela R. Boatright

Title

Received by (Signature)

Angela R. Boatright

Specialist (Print)

Specialist (Signature)

Re-inspection Date: