



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: 9/13/18

Facility Name: <u>Ranch House</u>	Phone Number <u>258-4226</u>	PR ID # <u>98</u>
Facility Site Address: <u>669 MAIN</u>	City: <u>CHESTER</u>	Zip <u>96020</u>
Permit #: <u>Temp: 18-067</u>	Exp Date: <u>9/25/19</u>	Permit Holder: <u>Shannon Story</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>				
				X
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>Shannon Story</u> Exp. Date: <u>9/25/19</u>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
X	XX			
2. Communicable disease; reporting, restrictions & exclusions				
X				
3. No discharge from eyes, nose, and mouth				
X				
4. Proper eating, tasting, drinking or tobacco use		XX		
<b>PREVENTING CONTAMINATION BY HANDS</b>				
X				
5. Hands clean and properly washed; gloves used properly				
X	XX			
6. Adequate handwashing facilities supplied & accessible		XX		
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
X				
7. Proper hot and cold holding temperatures				
X	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				
<b>PROTECTION FROM CONTAMINATION</b>				
X				
12. Returned and re-service of food		XX		
X	XX			
13. Food in good condition, safe and unadulterated		X		
X				
14. Food contact surfaces: clean and sanitized				

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
X	XX			
15. Food obtained from approved source				
X				
16. Compliance with shell stock tags, condition, display				
X				
17. Compliance with Gulf Oyster Regulations				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
X				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
<b>CONSUMER ADVISORY</b>				
X				
19. Consumer advisory provided for raw or undercooked foods			XX	
<b>Highly Susceptible Populations</b>				
X				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
<b>WATER/HOT WATER</b>				
X	XX			
21. Hot and cold water available				
				Temp 130°F+
<b>LIQUID WASTE DISPOSAL</b>				
X	XX			
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
X	XX			
23. No rodents, insects, birds, or animals				

<b>SUPERVISION</b>		OUT
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		

39. Thermometers provided and accurate	OUT
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	X
<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)	<u>Shannon M Story</u>	Title	<u>Manager</u>
Received by (Signature)	<u>Shannon M Story</u>		
Specialist (Print)	<u>Pat Sandoe</u>	Specialist (Signature)	<u>HJ</u>
		Re-inspection Date:	

Facility Name: Ranch HouseFAID # 98Pg 2 of 2Date of Inspection: 9/13/18

## OBSERVATIONS AND CORRECTIVE ACTIONS

1. Facility is currently operating w/ A Temp Permit DUE TO EXPIRATION OF TWO SAFETY CERTIFICATION. Facility just received Study Guide & ScanTron, will set up examination date w/ E.H. w/in the week.

13. THE FOLLOWING PRODUCT WAS DISPOSED OF DURING INSPECTION DUE TO VECTOR AWARENESS:

≈ 1/4 OF 1L OF BLACK VELVET

≈ 1/2 OF 1L OF DEKUYPER RED APPLE SCHNAPPS.

THIS ITEM CORRECTED ON SITE.

45. CLEAN AREAS UNDER EQUIPMENT ON A ROUTINE BASIS., SIGNIFICANT AMOUNT OF DEBRIS OBSERVED @ TIME OF INSPECTION.

Received by (Print)

Shannon M Story

Title

Manager

Received by (Signature)

Shannon M Story

Specialist (Print)

Pat Sanders

Specialist (Signature)

J. H. J.

Re-inspection Date: