



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: 2/1/2019

Facility Name: <u>THE LOG CABIN</u>	Phone Number: <u>832-9616</u>	PR ID #: <u>907</u>
Facility Site Address: <u>64 E SIERRA</u>	City: <u>PORTOLA</u>	Zip: _____
Permit #: <u>18-154297</u>	Exp Date: <u>6/1/2019</u>	Permit Holder: <u>SHARON PRECKWINKLE</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		In	N/O-N/A	COS	MAJ	OUT	
DEMONSTRATION OF KNOWLEDGE						FOOD FROM APPROVED SOURCES					
X					1. Demonstration of knowledge; food safety certification	X					15. Food obtained from approved source
Food Safety Cert Name: <u>Sharon Preckwinkle</u> Exp. Date: <u>7/1/23</u>							X				16. Compliance with shell stock tags, condition, display
EMPLOYEE HEALTH & HYGIENIC PRACTICES							X				17. Compliance with Gulf Oyster Regulations
X					2. Communicable disease; reporting, restrictions & exclusions						CONFORMANCE WITH APPROVED PROCEDURES
X					3. No discharge from eyes, nose, and mouth		X				18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan
X					4. Proper eating, tasting, drinking or tobacco use						CONSUMER ADVISORY
PREVENTING CONTAMINATION BY HANDS							X				19. Consumer advisory provided for raw or undercooked foods
X					5. Hands clean and properly washed; gloves used properly						Highly Susceptible Populations
X					6. Adequate handwashing facilities supplied & accessible		X				20. Licensed health care facilities/ public & private schools; prohibited foods not offered
TIME AND TEMPERATURE RELATIONSHIPS											WATER/HOT WATER
X					7. Proper hot and cold holding temperatures	X					21. Hot and cold water available Temp <u>> 120°F</u>
X					8. Time as a public health control; procedures & records		X				LIQUID WASTE DISPOSAL
X					9. Proper cooling methods						22. Sewage and wastewater properly disposed
X					10. Proper cooking time & temperatures						VERMIN
X					11. Proper reheating procedures for hot holding	X					23. No rodents, insects, birds, or animals
PROTECTION FROM CONTAMINATION											
X					12. Returned and re-service of food						
X					13. Food in good condition, safe and unadulterated						
X					14. Food contact surfaces: clean and sanitized						

	OUT		OUT
SUPERVISION		39. Thermometers provided and accurate	
24. Person in charge present and performs duties		40. Wiping cloths: properly used and stored	
PERSONAL CLEANLINESS		PHYSICAL FACILITIES	
25. Personal cleanliness and hair restraints		41. Plumbing: proper backflow devices	
GENERAL FOOD SAFETY REQUIREMENTS		42. Garbage and refuse properly disposed; facilities maintained	
26. Approved thawing methods used, frozen food		43. Toilet facilities: properly constructed, supplied, cleaned	
27. Food separated and protected		44. Premises; personal/cleaning items; vermin-proofing	
28. Washing fruits and vegetables		PERMANENT FOOD FACILITIES	
29. Toxic substances properly identified, stored, used		45. Floor, walls and ceilings: built, maintained, and clean	
FOOD STORAGE/ DISPLAY/ SERVICE		46. No unapproved private homes/ living or sleeping quarters	
30. Food storage; food storage containers identified	X	SIGNS/ REQUIREMENTS	
31. Consumer self-service		47. Signs posted; last inspection report available	
32. Food properly labeled & honestly presented		COMPLIANCE & ENFORCEMENT	
EQUIPMENT/ UTENSILS/ LINENS		48. Plan Review	
33. Nonfood contact surfaces clean		49. Permits Available	
34. Warewashing facilities: installed, maintained, used; test strips		50. Impoundment	
35. Equipment/ Utensils approved; installed; clean; good repair, capacity	X	51. Permit Suspension	
36. Equipment, utensils and linens: storage and use			
37. Vending machines			
38. Adequate ventilation and lighting; designated areas, use	X		

Received by (Print) <u>Lilah Mauer</u>	Title <u>WAINES</u>
Received by (Signature) <u>[Signature]</u>	
Specialist (Print) <u>Lilah Mauer</u>	Specialist (Signature) <u>[Signature]</u>
	Re-inspection Date: <u>~ 6mos</u>

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PR
FA ID # 907

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OBSERVATIONS AND CORRECTIVE ACTIONS

1. ~~OBTAIN A FOOD HANDLER CERTIFICATION WITHIN THE NEXT 30 DAYS~~ *Done*

30. DISCONTINUE STORAGE OF FLOUR BINS ON FLOOR IN PANTRY CLOSET

PROVIDE SHELVING OR PROVIDE WHEELED DOLLIES OR BINS

35. SECURE ALL CO₂ BOTTLES WITH CHAIN OR CABLE - SEE BAR AREA

38. PROVIDE SHATTERPROOF LIGHTING AT COOK LINE + FOOD PANTRY

INSTALL END CAPS ON COOK LINE OVERHEAD LIGHTING

Received by (Print)

Title

Received by (Signature) *Robert R. Meier*

Specialist (Print)

Specialist (Signature) *R. R. Meier*

Re-inspection Date: