



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: 11/13/19

Facility Name: <u>Balden Town Resort</u>	Phone Number <u>283-9662</u>	PR ID # <u>78</u>
Facility Site Address: <u>14785 Balden Town Rd</u>	City: <u>Balden</u>	Zip <u>95915</u>
Permit #: <u>19-053</u>	Exp Date: <u>2/1/20</u>	Permit Holder: <u>Ivan Coffman</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
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification	<input checked="" type="checkbox"/>		
Food Safety Cert Name: <u>Jody Coffman</u> Exp. Date <u>8/31/20</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use	<input checked="" type="checkbox"/>		
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9. Proper cooling methods	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PROTECTION FROM CONTAMINATION				
<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	<input checked="" type="checkbox"/>		

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
<input checked="" type="checkbox"/>	15. Food obtained from approved source	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition, display	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CONSUMER ADVISORY				
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Highly Susceptible Populations				
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WATER/HOT WATER				
<input checked="" type="checkbox"/>	21. Hot and cold water available	Temp <u>120</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VERMIN				
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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) <u>Cory Brubaker</u>	Title
Received by (Signature) <u>Cory</u>	
Specialist (Print) <u>Trinity Stirling</u>	Specialist (Signature) <u>T. Stirling</u>
Re-inspection Date: <u>Routine</u>	

Facility Name: Belben Town Resort

FAID # 78

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11/13/99

Date of Inspection:

OBSERVATIONS AND CORRECTIVE ACTIONS

6. Hand sink w/out soap at time of inspection -
corrected onsite

All violations from previous inspection have been
corrected

Floors in kitchen have been replaced.

Received by (Print)

Title

Received by (Signature)

Specialist (Print) Trinity Stirling Specialist (Signature) T. Stirling

Re-inspection Date: Routine