



**PLUMAS COUNTY
ENVIRONMENTAL HEALTH DIVISION
*FOOD SAFETY EVALUATION REPORT***

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Date of Inspection: 010ct19

Facility Name: CALIFORNIA ELKES Phone Number 832-5785 PR ID # 92
Facility Site Address: 71292 HWY 70 City: PORTOLA Zip 96122
Permit #: 19-061 Exp Date: 9/1/20 Permit Holder: CALIFORNIA ELKES
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					
<input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification					
Food Safety Cert Name: <u>Robert Uzeta</u> Exp. Date <u>8/15/21</u>					
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<input checked="" type="checkbox"/> 2. Communicable disease; reporting, restrictions & exclusions					
<input checked="" type="checkbox"/> 3. No discharge from eyes, nose, and mouth					
<input checked="" type="checkbox"/> 4. Proper eating, tasting, drinking or tobacco use					
PREVENTING CONTAMINATION BY HANDS					
<input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly					
<input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible					
TIME AND TEMPERATURE RELATIONSHIPS					
<input checked="" type="checkbox"/> 7. Proper hot and cold holding temperatures					
<input checked="" type="checkbox"/> 8. Time as a public health control; procedures & records					
<input checked="" type="checkbox"/> 9. Proper cooling methods					
<input checked="" type="checkbox"/> 10. Proper cooking time & temperatures					
<input checked="" type="checkbox"/> 11. Proper reheating procedures for hot holding					
PROTECTION FROM CONTAMINATION					
<input checked="" type="checkbox"/> 12. Returned and re-service of food					
<input checked="" type="checkbox"/> 13. Food in good condition, safe and unadulterated					
<input checked="" type="checkbox"/> 14. Food contact surfaces: clean and sanitized					

In	N/O-N/A	FOOD FROM APPROVED SOURCES	COS	MAJ	OUT
X		15. Food obtained from approved source			
X		16. Compliance with shell stock tags, condition, display			
X		17. Compliance with Gulf Oyster Regulations			
		CONFORMANCE WITH APPROVED PROCEDURES			
X		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
		CONSUMER ADVISORY			
X		19. Consumer advisory provided for raw or undercooked foods			
		Highly Susceptible Populations			
X		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
		WATER/HOT WATER			
X		21. Hot and cold water available			
		Temp <i>>120° F</i>			
		LIQUID WASTE DISPOSAL			
X		22. Sewage and wastewater properly disposed			
		VERMIN			
X		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)

Title

Received by (Signature)

1) Kimberly Voigt

Specialist (Print)

Specialist (Signature)

Re-inspection Date:

(Signature) 
(int) Rakesh Kapoor Specialist (Signature)

Facility Name: CAC PLATE ECKS

PR
Fайд # 92

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Date of Inspection: 01 Oct 19

OBSERVATIONS AND CORRECTIVE ACTIONS

#34) REPAIR THE WAREHOUSE RUSHING MACHINE TO PRODUCE 50 ppm CL² AT FINAL RUSH (FOUND AT 10 ppm)

Received by (Print)

Kimberly Voigt

Title

Received by (Signature)

Specialist (Print)

Roh Kohlweier

Specialist (Signature)

Re-inspection Date: