



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: 250519

Facility Name: <u>NAKOMA RESORT - ADULTICE</u>	Phone Number: <u>836 0567</u>	PR ID #: <u>1213</u>
Facility Site Address: <u>1402 GREAT SPARK</u>	City: <u>CLIO</u>	Zip: <u>96106</u>
Permit #: <u>19-986</u>	Exp Date: <u>11/27/19</u>	Permit Holder: <u>NAKOMA RESORT</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>				
	1. Demonstration of knowledge; food safety certification			X
Food Safety Cert Name: <u>-PENDING-</u> Exp. Date:				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
X	2. Communicable disease; reporting, restrictions & exclusions			
X	3. No discharge from eyes, nose, and mouth			
X	4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>				
X	5. Hands clean and properly washed; gloves used properly			
X	6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
X	7. Proper hot and cold holding temperatures			
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			
X	13. Food in good condition, safe and unadulterated			
X	14. Food contact surfaces: clean and sanitized			

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
X	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			
<b>Highly Susceptible Populations</b>				
X	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>				
X	21. Hot and cold water available Temp <u>71/220°F</u>			
<b>LIQUID WASTE DISPOSAL</b>				
X	22. Sewage and wastewater properly disposed			
<b>VERMIN</b>				
X	23. No rodents, insects, birds, or animals			

In	N/O-N/A	COS	MAJ	OUT
<b>SUPERVISION</b>				
	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			X
	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			

In	N/O-N/A	COS	MAJ	OUT
	39. Thermometers provided and accurate			
	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			
<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>Anita Hadenfeldt</u>	Title <u>COOK</u>
Received by (Signature) <u>Anita Hadenfeldt</u>	
Specialist (Print) <u>Rob Robinson</u>	Specialist (Signature) <u>Rob Robinson</u>
Re-inspection Date: <u>260605</u>	

Facility Name:

NATIONA ACTIVHODE

FA ID #

1213

Pg

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Date of Inspection:

25 APR 19

## OBSERVATIONS AND CORRECTIVE ACTIONS

#1) PROVIDE A FOOD HANDLER CERTIFICATION FOR  
STAFF WORKING AT ACTIVHODE.

ENSURE ALL EMPLOYEES WITHOUT A FOOD  
HANDLER CERTIFICATION OBTAIN A CA FOOD  
HANDLER CARD.

#34) REPAIR THE BAR WAREWASHER TO PROVIDE  
50PPM CLR AT FINAL RINSE (KOBRO AT  
210PPM)

Received by (Print)

Title

Received by (Signature)

Specialist (Print)

Specialist (Signature)

Re-inspection Date: