



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: 16 Aug 19

| | | |
|--|------------------------------|-----------------------------------|
| Facility Name: <i>MONTAUK TAVERN</i> | Phone Number <i>836-1241</i> | PR ID # <i>206</i> |
| Facility Site Address: <i>999 JONESVILLE</i> | City: <i>BROOKSIDE</i> | Zip <i>96103</i> |
| Permit #: <i>19-173</i> | Exp Date: <i>5/1/20</i> | Permit Holder <i>MARY TRUMBLE</i> |

Type of Inspection:
Roofing

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"/> <input checked="" type="checkbox"/> | | |
| Food Safety Cert Name: <i>- PENDING -</i> Exp. Date | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| <input checked="" type="checkbox"/> | 2. Communicable disease; reporting, restrictions & exclusions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | 3. No discharge from eyes, nose, and mouth | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | 6. Adequate handwashing facilities supplied & accessible | <input checked="" type="checkbox"/> | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| <input checked="" type="checkbox"/> | 7. Proper hot and cold holding temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | 8. Time as a public health control; procedures & records | <input type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | 9. Proper cooling methods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | 10. Proper cooking time & temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | 11. Proper reheating procedures for hot holding | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | 14. Food contact surfaces: clean and sanitized | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | 16. Compliance with shell stock tags, condition, display | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | 17. Compliance with Gulf Oyster Regulations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | |
| <input checked="" type="checkbox"/> | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CONSUMER ADVISORY | | | | |
| <input checked="" type="checkbox"/> | 19. Consumer advisory provided for raw or undercooked foods | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Highly Susceptible Populations | | | | |
| <input checked="" type="checkbox"/> | 20. Licensed health care facilities/public & private schools; prohibited foods not offered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WATER/HOT WATER | | | | |
| <input checked="" type="checkbox"/> | 21. Hot and cold water available | Temp <i>71209C</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| LIQUID WASTE DISPOSAL | | | | |
| <input checked="" type="checkbox"/> | 22. Sewage and wastewater properly disposed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VERMIN | | | | |
| <input checked="" type="checkbox"/> | 23. No rodents, insects, birds, or animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | |
|---|--|--------------------------|
| PHYSICAL FACILITIES | | OUT |
| 39. Thermometers provided and accurate | | <input type="checkbox"/> |
| 40. Wiping cloths: properly used and stored | | <input type="checkbox"/> |
| PERMANENT FOOD FACILITIES | | |
| 41. Plumbing: proper backflow devices | | <input type="checkbox"/> |
| 42. Garbage and refuse properly disposed; facilities maintained | | <input type="checkbox"/> |
| 43. Toilet facilities: properly constructed, supplied, cleaned | | <input type="checkbox"/> |
| 44. Premises; personal/cleaning items; vermin-proofing | | <input type="checkbox"/> |
| SIGNS/ REQUIREMENTS | | |
| 47. Signs posted; last inspection report available | | <input type="checkbox"/> |
| COMPLIANCE & ENFORCEMENT | | |
| 48. Plan Review | | <input type="checkbox"/> |
| 49. Permits Available | | <input type="checkbox"/> |
| 50. Impoundment | | <input type="checkbox"/> |
| 51. Permit Suspension | | <input type="checkbox"/> |

Received by (Print) *Amanda Brock* Title

Received by (Signature) *Amanda L Brock*

Specialist (Print) *Rob Koenig RR* Specialist (Signature)

Re-inspection Date: *16/02*

Facility Name: MONMOUTH TAVERN

FAID # PL 206

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Date of Inspection: 16/05/19

OBSERVATIONS AND CORRECTIVE ACTIONS

#1) PROVIDE A FOOD HANDLER CERTIFICATION
- ENSURE EACH EMPLOYEE HAS EITHER A
FOOD HANDLER CERTIFICATION OR A ON-ROD
HANDLER CARD.

Received by (Print)

Title

Received by (Signature)

Amber & Brook

Specialist (Print)

Specialist (Signature)

Re-inspection Date:

Karenne RL