



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: 13 DEC 19

Facility Name: <u>MOHAWK TAVERN</u>	Phone Number: <u>836-1241</u>	PR ID #: <u>206</u>
Facility Site Address: <u>999 JONESVILLE RD</u>	City: <u>DAVEAGE</u>	Zip: <u>96103</u>
Permit #: <u>19173</u>	Exp Date:	Permit Holder: <u>AMY TRUMBLE</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>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<b>PROTECTION FROM CONTAMINATION</b>				

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<b>CONSUMER ADVISORY</b>				
<b>Highly Susceptible Populations</b>				
<b>WATER/HOT WATER</b>				
<b>LIQUID WASTE DISPOSAL</b>				
<b>VERMIN</b>				

In	N/O-N/A	COS	MAJ	OUT
<b>SUPERVISION</b>				
<b>PERSONAL CLEANLINESS</b>				
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>				
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>				
<b>EQUIPMENT/ UTENSILS/ LINENS</b>				

In	N/O-N/A	COS	MAJ	OUT
<b>PHYSICAL FACILITIES</b>				
<b>PERMANENT FOOD FACILITIES</b>				
<b>SIGNS/ REQUIREMENTS</b>				
<b>COMPLIANCE &amp; ENFORCEMENT</b>				

Received by (Print) <u>Michael Kane</u>	Title <u>BARTEND.</u>
Received by (Signature) <u>[Signature]</u>	
Specialist (Print) <u>Rob Robinson</u>	Specialist (Signature) <u>[Signature]</u>
Re-inspection Date: <u>2/6/20</u>	

Facility Name:

MORRIS TAVERN

PA  
FA ID # 206

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Date of Inspection: 130819

OBSERVATIONS AND CORRECTIVE ACTIONS

#1) OBTAIN A FOOD HANDLER CERTIFICATION AS SOON AS POSSIBLE

- ENSURE EACH EMPLOYEE HAS EITHER A FOOD HANDLER CERTIFICATION OR A CA FOOD HANDLER CARD.

38) PROVIDE STANTER-PROOF LIGHTING FOR THE STORAGE ROOM.

Received by (Print)

Title

Received by (Signature)



Specialist (Print)

Rob Robinson

Specialist (Signature)

Re-inspection Date: