



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

pg 1 of 1

Date of Inspection: 17 July 20

|   |                              |                                       |
|---|------------------------------|---------------------------------------|
| Facility Name: <i>LODGE @ WHITEHORN</i>     | Phone Number <i>836-4985</i> | PR ID # <i>298</i>                    |
| Facility Site Address: <i>985 WHITEHORN</i> | City: <i>OLIO</i>            | Zip <i>96106</i>                      |
| Permit #: <i>20-165</i>                     | Exp Date: <i>6/1/21</i>      | Permit Holder: <i>ERIN HODGE</i>      |
|   |                              | Type of Inspection:<br><b>SPECIAL</b> |

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: <i>ERIN HODGE</i> Exp. Date <i>8/7/24</i> |   |                                     |     |     |
| <input checked="" type="checkbox"/>                              | 2. All food handlers have valid Food Handler Cards            | <input checked="" type="checkbox"/> |     |     |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES                             |   |                                     |     |     |
| <input checked="" type="checkbox"/>                              | 3. Communicable disease; reporting, restrictions & exclusions | <input checked="" type="checkbox"/> |     |     |
| <input checked="" type="checkbox"/>                              | 4. No discharge from eyes, nose, and mouth                    | <input checked="" type="checkbox"/> |     |     |
| <input checked="" type="checkbox"/>                              | 5. Proper eating, tasting, drinking or tobacco use            | <input checked="" type="checkbox"/> |     |     |
| PREVENTING CONTAMINATION BY HANDS                                |   |                                     |     |     |
| <input checked="" type="checkbox"/>                              | 6. Hands clean and properly washed; gloves used properly      | <input checked="" type="checkbox"/> |     |     |
| <input checked="" type="checkbox"/>                              | 7. Adequate handwashing facilities supplied & accessible      | <input checked="" type="checkbox"/> |     |     |
| TIME AND TEMPERATURE RELATIONSHIPS                               |   |                                     |     |     |
| <input checked="" type="checkbox"/>                              | 8. Proper hot and cold holding temperatures                   | <input checked="" type="checkbox"/> |     |     |
| <input checked="" type="checkbox"/>                              | 9. Time as a public health control; procedures & records      | <input checked="" type="checkbox"/> |     |     |
| <input checked="" type="checkbox"/>                              | 10. Proper cooling methods                                    | <input checked="" type="checkbox"/> |     |     |
| <input checked="" type="checkbox"/>                              | 11. Proper cooking time & temperatures                        | <input checked="" type="checkbox"/> |     |     |
| <input checked="" type="checkbox"/>                              | 12. Proper reheating procedures for hot holding               | <input checked="" type="checkbox"/> |     |     |
| PROTECTION FROM CONTAMINATION                                    |   |                                     |     |     |
| <input checked="" type="checkbox"/>                              | 13. Returned and re-service of food                           | <input checked="" type="checkbox"/> |     |     |
| <input checked="" type="checkbox"/>                              | 14. Food in good condition, safe and unadulterated            | <input checked="" type="checkbox"/> |     |     |
| <input checked="" type="checkbox"/>                              | 15. 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"/> | 16. Food obtained from approved source  | <input checked="" type="checkbox"/> |     |     |
| CORONAVIRUS GUIDANCE IMPLEMENTATION |   |                                     |     |     |
| <input checked="" type="checkbox"/> | 17. Takeout, Curbside Pickup, or Delivery Only  | <input checked="" type="checkbox"/> |     |     |
| <input checked="" type="checkbox"/> | 18. Social Distancing Implemented   | <input checked="" type="checkbox"/> |     |     |
| <input checked="" type="checkbox"/> | 19. Face Covering Used  | <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"/> |     |     |
| WATER/HOT WATER                     |   |                                     |     |     |
| <input checked="" type="checkbox"/> | 21. Hot and cold water available  | <i>X20-4</i>                        |     |     |
| LIQUID WASTE DISPOSAL               |   |                                     |     |     |
| <input checked="" type="checkbox"/> | 22. Sewage and wastewater properly disposed   | <input checked="" type="checkbox"/> |     |     |
| VERMIN                              |   |                                     |     |     |
| <input checked="" type="checkbox"/> | 23. No rodents, insects, birds, or animals  | <input checked="" type="checkbox"/> |     |     |
| <input checked="" type="checkbox"/> |   |                                     |     |     |

FOOD SAFETY AND CORONAVIRUS (COVID-19) SPECIAL INSPECTION OBSERVATIONS

Received by (Print)

Title

Email:

Specialist (Print)

*JGL (Rob Hobmeyer)*

Specialist (Signature)

Re-inspection Date: