



PLUMAS COUNTY

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ENVIRONMENTAL HEALTH DIVISION

FOOD SAFETY EVALUATION REPORT

270 County Hospital Rd., Ste 127 Quincy, CA 95971

Phone: (530) 283-6355 FAX (530) 283-6241

Date of Inspection: 6/26/20

Facility Name: <u>TANARODINOS</u>	Phone Number: <u>596-3902</u>	PR ID # <u>187</u>
Facility Site Address: <u>401 PONDOSA</u>	City: <u>LAKE ALHAMBRA</u>	Zip: <u>96137</u>
Permit #: <u>20-154</u>	Exp Date: <u>2/1/21</u>	Permit Holder: <u>MANNIC</u>
		Type of Inspection: <u>SPECIAL</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
DEMONSTRATION OF KNOWLEDGE				
X				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>Bonnie Hancock</u> Exp. Date: <u>4/8/21</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
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				
PREVENTING CONTAMINATION BY HANDS				
X				
5. Hands clean and properly washed; gloves used properly				
X				
6. Adequate handwashing facilities supplied & accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
7. Proper hot and cold holding temperatures				
8. Time as a public health control; procedures & records				
9. Proper cooling methods				
10. Proper cooking time & temperatures				
11. Proper reheating procedures for hot holding				
PROTECTION FROM CONTAMINATION				
12. Returned and re-service of food				
13. Food in good condition, safe and unadulterated				
14. Food contact surfaces: clean and sanitized				

FOOD FROM APPROVED SOURCES				
15. Food obtained from approved source				
16. Compliance with shell stock tags, condition, display				
17. Compliance with Gulf Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
CONSUMER ADVISORY				
19. Consumer advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
WATER/HOT WATER				
21. Hot and cold water available Temp: _____				
LIQUID WASTE DISPOSAL				
22. Sewage and wastewater properly disposed				
VERMIN				
23. No rodents, insects, birds, or animals				

In	N/O-N/A	COS	MAJ	OUT
SUPERVISION				
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				

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)

Stacy Andersen

Title

OWNER

Received by (Signature)

[Signature]

Specialist (Print)

PAT SANDER

Specialist (Signature)

[Signature]

Re-inspection Date:

Facility Name: TANTARDINO'S

FA ID # 187

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Date of Inspection: 6/26/20

OBSERVATIONS AND CORRECTIVE ACTIONS

COVID-19 SPECIAL INSPECTION DUE TO COMPLAINT.

SPOKE w/ OWNER REGARDING MANDATORY FACE COVERINGS
FOR ALL EMPLOYEES WHEN WORKING IN BAR AREA, @ BAR, WAITRESS,
ETC. IN COMPLIANCE w/ CALIFORNIA MANDATE

TABLETS IS SEATING IN MAIN DINING AREA TO ACHIEVE 6'
MID SEPARATION.

BAR SEATING SHD TO BE ADJUSTED TO OBTAIN PROPER SOCIAL
DISTANCING

Received by (Print)

Stacy Andersen

Title

OWNER

Received by (Signature)

[Signature]

Specialist (Print)

PAT SANDERS

Specialist (Signature)

[Signature]

Re-inspection Date: