



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: 6/18/20

|  |                               |                                    |
|--|-------------------------------|------------------------------------|
| Facility Name: <u>Plumas Pines Resort</u>      | Phone Number: <u>259-2252</u> | PR ID #: <u>255</u>                |
| Facility Site Address: <u>3000 Almanor Dr.</u> | City: <u>Canyon Dam</u>       | Zip: <u>95927</u>                  |
| Permit #: <u>20-222</u>                        | Exp Date: <u>8/1/21</u>       | Permit Holder: <u>Gusman Gese</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      |                           |     |     |
|   |         | Food Safety Cert Name: <u>Todd Geer</u>                       | Exp. Date: <u>8/29/21</u> |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b> |         |   |                           |     |     |
| ✓   |         | 2. Communicable disease; reporting, restrictions & exclusions |                           |     |     |
| ✓   |         | 3. No discharge from eyes, nose, and mouth                    |                           |     |     |
| ✓   |         | 4. Proper eating, tasting, drinking or tobacco use            |                           |     |     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>        |         |   |                           |     |     |
| ✓   |         | 5. Hands clean and properly washed; gloves used properly      |                           |     |     |
| ✓   |         | 6. Adequate handwashing facilities supplied & accessible      |                           |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>       |         |   |                           |     |     |
| ✓   |         | 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               |                           |     |     |
| <b>PROTECTION FROM CONTAMINATION</b>            |         |   |                           |     |     |
| ✓   |         | 12. Returned and re-service of food                           |                           |     |     |
| ✓   |         | 13. Food in good condition, safe and unadulterated            | ✓                         |     |     |
| ✓   |         | 14. Food contact surfaces: clean and sanitized                |                           |     |     |

| <b>FOOD FROM APPROVED SOURCES</b>           |  |   |  |  |  |
|---|--|---|--|--|--|
| ✓   |  | 15. Food obtained from approved source  |  |  |  |
| ✓   |  | 16. Compliance with shell stock tags, condition, display                                    |  |  |  |
| ✓   |  | 17. Compliance with Gulf Oyster Regulations   |  |  |  |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b> |  |   |  |  |  |
| ✓   |  | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |  |  |  |
| <b>CONSUMER ADVISORY</b>                    |  |   |  |  |  |
| ✓   |  | 19. Consumer advisory provided for raw or undercooked foods                                 |  |  |  |
| <b>Highly Susceptible Populations</b>       |  |   |  |  |  |
| ✓   |  | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |  |  |  |
| <b>WATER/HOT WATER</b>                      |  |   |  |  |  |
| ✓   |  | 21. Hot and cold water available  |  |  |  |
| Temp: <u>120°F+</u>                         |  |   |  |  |  |
| <b>LIQUID WASTE DISPOSAL</b>                |  |   |  |  |  |
| ✓   |  | 22. Sewage and wastewater properly disposed   |  |  |  |
| <b>VERMIN</b>                               |  |   |  |  |  |
| ✓   |  | 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                          |     |     | OUT |
| <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      |     |     |     |
|   |         | 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              |     |     |     |

|   |     |
|---|-----|
| 39. Thermometers provided and accurate                          | OUT |
| 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) Todd Geer

Title Manager/owner

Received by (Signature) Todd Geer

Specialist (Print) PAT SANDERS

Specialist (Signature) [Signature]

Re-inspection Date:

Facility Name: PUMAS PINES RESORT

FA ID # 255

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Date of Inspection: 6/18/20

OBSERVATIONS AND CORRECTIVE ACTIONS

13. THE FOLLOWING PRODUCT WAS DISPOSED OF DURING INSPECTION DUE TO  
VECTUR ADULTERATION:

≈ 1/4 OF 1 LITRE BUSHMILLS IRISH WHISKEY

1/2 OF 1 LITRE BACARDI SUPERIOR RUM

1/2 OF 1 LITRE BACARDI GOLD RUM

Received by (Print)

Todd Beer

Title

Manager/owner

Received by (Signature)

Todd Beer

Specialist (Print)

PAT SMITH

Specialist (Signature)

[Signature]

Re-inspection Date: