



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: 5/22/20

|  |                              |  |
|--|------------------------------|--|
| Facility Name: <u>Haskins Valley Inn</u>       | Phone Number <u>283-9667</u> | PR ID # <u>189</u>                           |
| Facility Site Address: <u>16860 Bucks Lake</u> | City: <u>Bucks Lake</u>      | Zip <u>95971</u>                             |
| Permit #: <u>20-156</u>                        | Exp Date: <u>2/1/21</u>      | Permit Holder: <u>Ken &amp; Dixie Nelson</u> |
|  |                              | 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 |
|--|---|-----|-----|-----|
| <b>DEMONSTRATION OF KNOWLEDGE</b>                                  |   |     |     |     |
| X  | 1. Demonstration of knowledge; food safety certification      |     |     |     |
| Food Safety Cert Name: <u>Debbie Knipe</u> Exp. Date <u>5/1/21</u> |   |     |     |     |
| X  | 2. All food handlers have valid Food Handler Cards            |     |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>                    |   |     |     |     |
| X  | 3. Communicable disease; reporting, restrictions & exclusions |     |     |     |
| X  | 4. No discharge from eyes, nose, and mouth                    |     |     |     |
| X  | 5. Proper eating, tasting, drinking or tobacco use            |     |     |     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>                           |   |     |     |     |
| X  | 6. Hands clean and properly washed; gloves used properly      |     |     |     |
| X  | 7. Adequate handwashing facilities supplied & accessible      |     |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>                          |   |     |     |     |
| X  | 8. Proper hot and cold holding temperatures                   |     |     |     |
| X  | 9. Time as a public health control; procedures & records      |     |     |     |
| X  | 10. Proper cooling methods                                    |     |     |     |
| X  | 11. Proper cooking time & temperatures                        |     |     |     |
| X  | 12. Proper reheating procedures for hot holding               |     |     |     |
| <b>PROTECTION FROM CONTAMINATION</b>                               |   |     |     |     |
| X  | 13. Returned and re-service of food                           |     |     |     |
| X  | 14. Food in good condition, safe and unadulterated            |     |     |     |
| X  | 15. Food contact surfaces: clean and sanitized                |     |     |     |

| In   | N/O-N/A   | COS | MAJ | OUT |
|--|---|-----|-----|-----|
| <b>FOOD FROM APPROVED SOURCES</b>          |   |     |     |     |
| X  | 16. Food obtained from approved source  |     |     |     |
| <b>CORONAVIRUS GUIDANCE IMPLEMENTATION</b> |   |     |     |     |
| X  | 17. Takeout, Curbside Pickup, or Delivery Only  |     |     |     |
| X  | 18. Social Distancing Implemented   |     |     |     |
| X  | 19. Face Covering Used  |     |     |     |
| <b>Highly Susceptible Populations</b>      |   |     |     |     |
| X  | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |     |     |     |
| <b>WATER/HOT WATER</b>                     |   |     |     |     |
| X  | 21. Hot and cold water available  |     |     |     |
| <b>LIQUID WASTE DISPOSAL</b>               |   |     |     |     |
| X  | 22. Sewage and wastewater properly disposed   |     |     |     |
| <b>VERMIN</b>                              |   |     |     |     |
| X  | 23. No rodents, insects, birds, or animals  |     |     |     |

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

17. limited dine in or room service only, operation plan being worked on at time of inspection

Received by (Print)

Title

no signature due to COVID procedure - emailed to owner 5/22/20

Email:

Kdnelson@hughes.net

Specialist (Print)

T. Stirling

Specialist (Signature)

Re-inspection Date: