



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>Bucks Lakeshore Resort</u>	Phone Number: _____	PR ID #: <u>1841</u>
Facility Site Address: <u>16001 Bucks Lake</u>	City: <u>Bucks Lake</u>	Zip: <u>95971</u>
Permit #: <u>20-151</u>	Exp Date: <u>6/18/20</u>	Permit Holder: <u>Kim &amp; William Henderson</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				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification	████████		
Food Safety Cert Name: <u>Pending</u>	Exp. Date			
<input checked="" type="checkbox"/>	2. All food handlers have valid Food Handler Cards			
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/>	3. Communicable disease; reporting, restrictions & exclusions			
<input checked="" type="checkbox"/>	4. No discharge from eyes, nose, and mouth			
<input checked="" type="checkbox"/>	5. Proper eating, tasting, drinking or tobacco use	████		
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>	6. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	7. Adequate handwashing facilities supplied & accessible	████		
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/>	8. Proper hot and cold holding temperatures			
<input checked="" type="checkbox"/>	9. Time as a public health control; procedures & records			
<input checked="" type="checkbox"/>	10. Proper cooling methods			
<input checked="" type="checkbox"/>	11. Proper cooking time & temperatures			
<input checked="" type="checkbox"/>	12. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/>	13. Returned and re-service of food	████		
<input checked="" type="checkbox"/>	14. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>	15. Food contact surfaces: clean and sanitized	X		

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

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

17. Limited dine in - Ops plan delivered & reviewed on site

1. Schedule test for food safety cert ASAP
2. Have all employee's food handler cards on site for next inspection
3. Sanitizer low at at time of inspection - corrected on site, order test strips to have onsite

Received by (Print)

No ~~receipt~~ signature due to covid procedures - emailed 5/22/20

Title

Email: Kimhenderson1916@gmail.com

Specialist (Print)

J. Stirling

Specialist (Signature)

T. S.

Re-inspection Date: