



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: 8/14/19

| | | |
|---|------------------------------|--|
| Facility Name: <u>Two Rivers Sports Camp</u> | Phone Number <u>836-2864</u> | PR ID # <u>286</u> |
| Facility Site Address: <u>500 Two Rivers Rd</u> | City: <u>Chamberlin</u> | Zip <u>96103</u> |
| Permit #: <u>19-246</u> | Exp Date: <u>5/9/20</u> | Permit Holder: <u>Richard Schwendinger</u> |
| | | Type of Inspection: <u>Complaint</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 <input checked="" type="checkbox"/> | | | | |
| Food Safety Cert Name: <u>Patricia Schwendinger</u> Exp. Date <u>5/11/22</u> | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| X 2. Communicable disease; reporting, restrictions & exclusions <input checked="" type="checkbox"/> | | | | |
| 3. No discharge from eyes, nose, and mouth <input type="checkbox"/> | | | | |
| 4. Proper eating, tasting, drinking or tobacco use <input checked="" type="checkbox"/> | | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| 5. Hands clean and properly washed; gloves used properly <input type="checkbox"/> | | | | |
| X 6. Adequate handwashing facilities supplied & accessible <input checked="" type="checkbox"/> | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| 7. Proper hot and cold holding temperatures <input type="checkbox"/> | | | | |
| 8. Time as a public health control; procedures & records <input type="checkbox"/> | | | | |
| 9. Proper cooling methods <input type="checkbox"/> | | | | |
| 10. Proper cooking time & temperatures <input type="checkbox"/> | | | | |
| 11. Proper reheating procedures for hot holding <input type="checkbox"/> | | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| 12. Returned and re-service of food <input checked="" type="checkbox"/> | | | | |
| X 13. Food in good condition, safe and unadulterated <input checked="" type="checkbox"/> | | | | |
| 14. Food contact surfaces: clean and sanitized <input type="checkbox"/> | | | | |

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

| SUPERVISION | | OUT |
|--|--|-----|
| 24. Person in charge present and performs duties <input type="checkbox"/> | | |
| PERSONAL CLEANLINESS | | |
| 25. Personal cleanliness and hair restraints <input type="checkbox"/> | | |
| GENERAL FOOD SAFETY REQUIREMENTS | | |
| 26. Approved thawing methods used, frozen food <input type="checkbox"/> | | |
| 27. Food separated and protected <input type="checkbox"/> | | |
| 28. Washing fruits and vegetables <input type="checkbox"/> | | |
| 29. Toxic substances properly identified, stored, used <input type="checkbox"/> | | |
| FOOD STORAGE/ DISPLAY/ SERVICE | | |
| 30. Food storage; food storage containers identified <input type="checkbox"/> | | |
| 31. Consumer self-service <input type="checkbox"/> | | |
| 32. Food properly labeled & honestly presented <input type="checkbox"/> | | |
| EQUIPMENT/ UTENSILS/ LINENS | | |
| 33. Nonfood contact surfaces clean <input type="checkbox"/> | | |
| 34. Warewashing facilities: installed, maintained, used; test strips <input type="checkbox"/> | | |
| 35. Equipment/ Utensils approved; installed; clean; good repair, capacity <input type="checkbox"/> | | |
| 36. Equipment, utensils and linens: storage and use <input type="checkbox"/> | | |
| 37. Vending machines <input type="checkbox"/> | | |
| 38. Adequate ventilation and lighting; designated areas, use <input type="checkbox"/> | | |

| PHYSICAL FACILITIES | | OUT |
|--|--|-----|
| 39. Thermometers provided and accurate <input type="checkbox"/> | | |
| 40. Wiping cloths: properly used and stored <input type="checkbox"/> | | |
| PERMANENT FOOD FACILITIES | | |
| 41. Plumbing: proper backflow devices <input type="checkbox"/> | | |
| 42. Garbage and refuse properly disposed; facilities maintained <input type="checkbox"/> | | |
| 43. Toilet facilities: properly constructed, supplied, cleaned <input type="checkbox"/> | | |
| 44. Premises; personal/cleaning items; vermin-proofing <input type="checkbox"/> | | |
| SIGNS/ REQUIREMENTS | | |
| 45. Floor, walls and ceilings: built, maintained, and clean <input type="checkbox"/> | | |
| 46. No unapproved private homes/ living or sleeping quarters <input type="checkbox"/> | | |
| COMPLIANCE & ENFORCEMENT | | |
| 47. Signs posted; last inspection report available <input type="checkbox"/> | | |
| 48. Plan Review <input type="checkbox"/> | | |
| 49. Permits Available <input type="checkbox"/> | | |
| 50. Impoundment <input type="checkbox"/> | | |
| 51. Permit Suspension <input type="checkbox"/> | | |

Received by (Print) PATRICIA A. SCHWENDINGER

Title Co-Owner

Received by (Signature) Patricia A. Schwendinger

Specialist (Print) Pat Sanders

Specialist (Signature) H. Hall

Re-inspection Date:

Facility Name: Two Rivers Sports Camp

FAID# 280

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Date of Inspection: 8/14/19

OBSERVATIONS AND CORRECTIVE ACTIONS

Complaint Inspection: RE: EXPIRED FOODS BEING SERVED TO CUSTOMERS/CAMPERS

No Violations noted / Observed. The following items were observed:

- All Shelf Stable Foods in Dry Storage Area were in original packaging. Not past "Best By" date - All Dry Foods have 1-2 year time span before passing "Best By" date.
- The majority of foods in Refrigeration & Freezer units are properly labeled w/ Product Name & Date. The only item not properly labeled was a ziploc w/ approximately 6-7 Cinnamon Rolls. Per Operator these items were placed into Refrigeration Unit w/ in 24 hours.

Discussed requirement that any foods removed from original packaging shall be properly labeled w/ common food name & date.

Discussions w/ STAFF included. Training of STAFF - Per STAFF TRAINING occurred prior to season start. Discussed the need to document all food training of STAFF.

Additionally, E.H. recommends the creation of PROCEDURES & POLICIES for STAFF to follow when 1. RECEIVING FOODS FROM DISTRIBUTER²; PROPER LABELING OF FOODS REMOVED FROM ORIGINAL PACKAGING, 2. PROPER STORAGE OF FOODS TO ENSURE EFFECTIVE ROTATION OF STOCK.

Received by (Print)

PATRICIA A. SCHWENDINGER

Title Co-Owner

Received by (Signature)

Patricia A. Schwendinger

Specialist (Print)

PAT SANDER

Specialist (Signature)

H.A.S.

Re-inspection Date: