



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

pg 1 of 2

Date of Inspection: 2/10/22

Facility Name: Mt HUFF GOLF COURSE	Phone Number 284-6300	PR ID # 33
Facility Site Address: 15301 Hwy 89	City: CRESLENT MILLS	Zip 95934
Permit #: _____	Exp Date: _____	Permit Holder: _____

Type of Inspection:
ROUTINE
Complaint

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				
1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/>				
Food Safety Cert Name: _____ Exp. Date: _____				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	8. Time as a public health control; procedures & records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	9. Proper cooling methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/>	12. Returned and re-service of food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	13. Food in good condition, safe and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	14. Food contact surfaces: clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In	N/O/N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
<input checked="" type="checkbox"/>	15. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition, display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONSUMER ADVISORY				
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations				
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER/HOT WATER				
<input checked="" type="checkbox"/>	21. Hot and cold water available Temp 120° <i>120°</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VERMIN				
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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"/>

39. Thermometers provided and accurate		OUT
40. Wiping cloths: properly used and stored		
PHYSICAL 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"/>
PERMANENT FOOD FACILITIES		
45. Floor, walls and ceilings: built, maintained, and clean		<input type="checkbox"/>
46. No unapproved private homes/ living or sleeping quarters		<input type="checkbox"/>
SIGNS/ REQUIREMENTS		
47. Signs posted; last inspection report available		<input type="checkbox"/>
COMPLIANCE & ENFORCEMENT		
48. Plan Review		<input type="checkbox"/>
49. Permits Available		<input checked="" type="checkbox"/>
50. Impoundment		<input type="checkbox"/>
51. Permit Suspension		<input type="checkbox"/>

Received by (Print)

Patricia Rutherford Title

Received by (Signature)

Patricia Rutherford

Specialist (Print)

Pat Sanders

Specialist (Signature)

Re-inspection Date:

Facility Name:

Mr HUFF GOLF COURSE

FA ID # 33

Pg 2 of 2

Date of Inspection: 2/10/22

OBSERVATIONS AND CORRECTIVE ACTIONS

1. SUBMIT CURRENT & VALID FOOD SAFETY CERTIFICATION TO E.H.
34. OBTAIN TEST STRIPS TO CONFIRM SANITIZER REMOVAL @ WARE WASHING SINK.
49. CONTACT E.H. ADMIN TO OBTAIN CURRENT & VALID HEALTH PERMIT
CONFIRM ALL CONTACTS ARE CORRECT TO ENSURE THE RECEIPT OF PERMIT.

Received by (Print)



Title

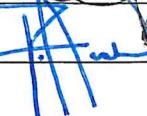
Received by (Signature)



Specialist (Print)

PAT SANDERS

Specialist (Signature)



Re-inspection Date:

CO No. _____
Log No. - 22-03

PLUMAS COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

REQUEST FOR SERVICE

Animals _____ Complaint Against: Mt Huff Golf Course Café
Food Address: Hwy 89/Arlington
Garbage _____
Housing _____ APN: _____
Insects _____ Telephone: _____
Rodents _____ Nature of Request: Dishes uncovered, food not
Sewage _____ dated in kitchen, hair uncovered, no
Water _____ serv safe displayed, dishes not
U.S.T. _____ sanitized
Hazardous Waste _____
Other _____

Date Reported: 2/4/22 Received By: RT

Letter Phone Visit

Date Investigated: 2/10/22 RESULTS

SEE ATTACHED INSPECTION REPORT DATED 2/10/22

Action Taken _____

Date Complainant Notified: 1/15/22