



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: 8/14/22

Facility Name: <u>CAMP LIAHOMA</u>	Phone Number _____	PR ID # <u>94</u>
Facility Site Address: <u>Lower Bodes</u>	City: <u>Buckles Lake</u>	Zip _____
Permit #: <u>PENDING</u>	Exp Date: _____	Type of Inspection: <u>Reactive</u>
Permit Holder: <u>CHURCH OF JESUS CHRIST LDS</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				
1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/>				
Food Safety Cert Name: <u>N/A</u> Exp. Date _____				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
2. Communicable disease; reporting, restrictions & exclusions <input checked="" type="checkbox"/>				
3. No discharge from eyes, nose, and mouth <input checked="" 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 checked="" type="checkbox"/>				
6. Adequate handwashing facilities supplied & accessible <input checked="" type="checkbox"/>				
TIME AND TEMPERATURE RELATIONSHIPS				
7. Proper hot and cold holding temperatures <input checked="" type="checkbox"/>				
8. Time as a public health control; procedures & records <input checked="" type="checkbox"/>				
9. Proper cooling methods <input checked="" type="checkbox"/>				
10. Proper cooking time & temperatures <input checked="" type="checkbox"/>				
11. Proper reheating procedures for hot holding <input checked="" type="checkbox"/>				
PROTECTION FROM CONTAMINATION				
12. Returned and re-service of food <input checked="" type="checkbox"/>				
13. Food in good condition, safe and unadulterated <input checked="" type="checkbox"/>				
14. Food contact surfaces: clean and sanitized <input checked="" type="checkbox"/>				

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

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

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

Received by (Print) Copy mailed to owner

Title _____

Received by (Signature)

Specialist (Print) Rob Robidette Specialist (Signature) RR

Re-inspection Date:

PRE-SMITHUP INSPECTION