



PLUMAS COUNTY

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ENVIRONMENTAL HEALTH DIVISION

FOOD SAFETY EVALUATION REPORT

270 County Hospital Rd., Ste 127 Quincy, CA 95971

Phone: (530) 283-6355 FAX (530) 283-6241

Date of Inspection: 7/14/22

Facility Name: LAKE ALMAJORA COUNTRY CLUB	Phone Number:	PR ID # 235
Facility Site Address: 951 CLIFFTOP	City: LAKE ALMAJORA	Zip: 96137
Permit #: 21-202	Exp Date: 11/1/22	Permit Holder: LACC
		Type of Inspection: ROUTINE

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: JAMIE THOMAS	Exp. Date: 12/4/23		
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
X		2. Communicable disease; reporting, restrictions & exclusions			
X		3. No discharge from eyes, nose, and mouth			
X		4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>					
X		5. Hands clean and properly washed; gloves used properly			
X		6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
		7. Proper hot and cold holding temperatures	X		X
	X	8. Time as a public health control; procedures & records			
X		9. Proper cooling methods			
X		10. Proper cooking time & temperatures			
X		11. Proper reheating procedures for hot holding			
<b>PROTECTION FROM CONTAMINATION</b>					
X		12. Returned and re-service of food			
X		13. Food in good condition, safe and unadulterated			
X		14. Food contact surfaces: clean and sanitized			

<b>FOOD FROM APPROVED SOURCES</b>				
X		15. Food obtained from approved source		
X		16. Compliance with shell stock tags, condition, display		
X		17. Compliance with Gulf Oyster Regulations		
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
X		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan		
<b>CONSUMER ADVISORY</b>				
X		19. Consumer advisory provided for raw or undercooked foods		
<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		

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

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

Received by (Print)

Title

Received by (Signature)

Kathryn L. Burns

Specialist (Print)

RAT SANDERS

Specialist (Signature)

[Signature]

Re-inspection Date:

Facility Name:

LAKE ALMAHARCA COUNTRY CLUB

FA ID #

235

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Date of Inspection:

7/14/22

## OBSERVATIONS AND CORRECTIVE ACTIONS

7. REACH IN REFRIGERATION UNIT @ 47°F - 50°F @ TIME OF INSPECTION  
ALL PERISHABLE FOODS REMOVED FROM UNIT & PLACED IN WALK-IN.  
SYSTEM TO BE REPAIRED / ADJUSTED TO OBTAIN 41°F OR BELOW.

Received by (Print)

Title

Received by (Signature)

Kathryn L. Bruns

Specialist (Print)

PAT SANDER

Specialist (Signature)

[Signature]

Re-inspection Date: