



PLUMAS COUNTY

pg 1 of 2

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: <u>West Alvarado Comm. Club / Jitty</u>	Phone Number: <u>259-5545</u>	PR ID #: <u>283</u>
Facility Site Address: <u>111 Sun Dr.</u>	City: <u>LAW</u>	Zip: <u>96020</u>
Permit #: <u>22-250</u>	Exp Date: <u>6/1/23</u>	Permit Holder: <u>West Alvarado Comm Club</u>
		Type of Inspection: <u>Routine</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			
Food Safety Cert Name: <u>RYAN LEE</u> Exp. Date: <u>3/26/26</u>					
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
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			
PREVENTING CONTAMINATION BY HANDS					
X		5. Hands clean and properly washed; gloves used properly			
		6. Adequate handwashing facilities supplied & accessible			X
TIME AND TEMPERATURE RELATIONSHIPS					
X		7. Proper hot and cold holding temperatures			
	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			
PROTECTION FROM CONTAMINATION					
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			

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

SUPERVISION		OUT
24. Person in charge present and performs duties		
PERSONAL CLEANLINESS		
25. Personal cleanliness and hair restraints		
GENERAL FOOD SAFETY REQUIREMENTS		
26. Approved thawing methods used, frozen food		X
27. Food separated and protected		
28. Washing fruits and vegetables		
29. Toxic substances properly identified, stored, used		
FOOD STORAGE/ DISPLAY/ SERVICE		
30. Food storage; food storage containers identified		
31. Consumer self-service		
32. Food properly labeled & honestly presented		
EQUIPMENT/ UTENSILS/ LINENS		
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		

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

Received by (Print)

Title

Received by (Signature) [Signature]

Specialist (Print) PAT SAWYERS

Specialist (Signature) [Signature]

Re-inspection Date:

Facility Name:

West Alameda Comm Ctrs

FA ID #

283

Pg 2 of 2

Date of Inspection:

7/14/22

OBSERVATIONS AND CORRECTIVE ACTIONS

6 KEEP ALL HANDWASH SINKS SUPPLIED W/ SINGLE SERVICE SOAP & PAPER TOWELS.

26 ALL FOODS TO BE DEFROSTED IN ONE OF THREE WAYS:

1. UNDER REFRIGERATION

2. UNDER COOL RUNNING WATER.

3. DURING COOKING PROCESS

OBSERVED MEAT THAWING ON COUNTER @ TIME OF INSPECTION

Received by (Print)

Alexander Weiner

Title

Received by (Signature)



Specialist (Print)

Pat Sanders

Specialist (Signature)



Re-inspection Date: