



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: 23 Aug 22

Facility Name: NAKOMA RESORT - ALTITUDE Phone Number 877-462-5667 PR ID # 121  
Facility Site Address: 1902 GREAT SPIT City: CLIO Zip 96166  
Permit #: 22-986 Exp Date: 11/23 Permit Holder: NAKOMA RESORT 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	CO S	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>				
X	1. Demonstration of knowledge; food safety certification			X
	Food Safety Cert Name: TAYLOR TAYLOR 11/27/23	Exp. Date		
<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			
	6. Adequate handwashing facilities supplied & accessible		X	
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
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			
<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			

	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	
<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	Temp >120°F
<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	CO S	MAJ	OUT
<b>SUPERVISION</b>				
24.	Person in charge present and performs duties			
<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		X	
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) Anita Haderfeldt Title  
Received by (Signature) Anita Haderfeldt  
Specialist (Print) Rob/Robynette Specialist (Signature)  
Re-inspection Date:

Facility Name:

NATIONAL RESORT

PR  
FAID # 121

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Date of Inspection: 2024-08-22

## OBSERVATIONS AND CORRECTIVE ACTIONS

#6) PROVIDE ACCESS TO THE BAR AREA Hardside hand PAPER TOILET DISPENSER.

#34) PROVIDE AND MAINTAIN A FOOD GRADE PROBE THERMOMETER IN THE KITCHEN AREA  
- PROVIDE AND MAINTAIN CHLORINE TEST STRIPS FOR GLASS REWASHING.

#35) - REMOVE THE WOODEN BLOCKS FROM BELOW THE TALL-SINGLE-DOOR REACH-IN REFRIGERATOR AND REPLACE THE MISSING WHEELS OR ROUND METAL LEGS  
- REMOVE THE EXTENSION CORD FROM THE KITCHEN PROVIDE ISOLATED ELECTRICITY THROUGH THE CEILING DROP OUTLETS.

#7) PROVIDE A FOOD CERTIFICATION CERTIFICATE

Received by (Print)

Title

Received by (Signature)

Specialist (Print)

Specialist (Signature)

Re-inspection Date: