



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: 4AUG22

Facility Name: GRIZZLY GREEK RANCH (SN) Phone Number: \_\_\_\_\_  
Facility Site Address: 5900 GRIZZLY RD City: PORTOLA Zip: 96122 PR ID # 169  
Permit #: 21-031 Exp Date: 10/1/22 Permit Holder: SIERRA NEVADA JOURNEYS 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>				
	1. Demonstration of knowledge; food safety certification			
<b>Food Safety Cert Name:</b> <u>PENDING</u> <b>Exp. Date:</b> _____				
<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>				
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			

In	N/O/N/A	COS	MAJ	OUT
<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	Temp <u>71.20°F</u>		
<b>LIQUID WASTE DISPOSAL</b>				
X	22. Sewage and wastewater properly disposed			
<b>VERMIN</b>				
X	23. No rodents, insects, birds, or animals			

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

Received by (Print) Kyle Burke Title \_\_\_\_\_  
Received by (Signature) 15031  
Specialist (Print) Rebecca M. Burke Specialist (Signature) \_\_\_\_\_ Re-inspection Date: \_\_\_\_\_

Facility Name:

GRIZZLY CREEK RANCH (SNT) FAID # 169

Pg 2 of 2

Date of Inspection: 4/20/22

OBSERVATIONS AND CORRECTIVE ACTIONS

#1) SEND A COPY OF THE FOOD MANAGER'S FOOD SAFETY CERTIFICATION TO ENVIRONMENTAL HEALTH.

Received by (Print)

K.L. Bush

Title

Received by (Signature)

K.L. Bush

Specialist (Print)

Rob Robbette

Specialist (Signature)

Re-inspection Date: