



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: 5/10/22

Facility Name: <b>GRAY EAGLE LODGE</b>	Phone Number _____	PR ID # <b>163</b>
Facility Site Address: _____	City: _____	Zip: _____
Permit #: <b>22-132</b> Exp Date: <b>2/1/23</b>	Permit Holder: <b>TERITORY DESIGNERS INC</b>	Type of Inspection: <b>ROUTINE</b>

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	DEMONSTRATION OF KNOWLEDGE			COS	MAJ	OUT
X		1. Demonstration of knowledge; food safety certification					
Food Safety Cert Name	LYNN HAGEN	Exp. Date	11/1/24				
		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					
X		6. Adequate handwashing facilities supplied & accessible					
		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					

In	N/O/N/A	FOOD FROM APPROVED SOURCES			COS	MAJ	OUT
X		15. Food obtained from approved source					
		16. Compliance with shell stock tags, condition, display					
		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 71.25°F		
		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		
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		X
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	X
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)	David B. Smith	Title
Received by (Signature)		
Specialist (Print)	Robbinette	Specialist (Signature)
		Re-inspection Date:

Facility Name:

GRAY EAGLE LODGE

PAID # 163

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Date of Inspection:

4/18/22

## OBSERVATIONS AND CORRECTIVE ACTIONS

#30) PROVIDE SHELTERING FOR ALL ITEMS IN THE  
W/MIC-11P REFRIGERATOR

#45) CLEAN THE COOKLINE HOOD OF RESIDUE

Received by (Print)

Title

Pres

Received by (Signature)



Specialist (Print)



Specialist (Signature)

Re-inspection Date: