



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: 3/16/23

Facility Name: Nakoma Resort - Altitude	Phone Number 877-462-5667 PR ID # 121
Facility Site Address: 1402 Great Spirit	City: CIO Zip 96186
Permit #: 23-986	Exp Date: 4/27/23
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	COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: Ashley Wells Exp. Date 9/21/26				
Employee Health & Hygienic Practices <i>receipt of cert</i>				
2. Communicable disease; reporting, restrictions & exclusions				
3. No discharge from eyes, nose, and mouth				
4. Proper eating, tasting, drinking or tobacco use				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
5. Hands clean and properly washed; gloves used properly				
6. Adequate handwashing facilities supplied & accessible				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
7. Proper hot and cold holding temperatures				
8. Time as a public health control; procedures & records				
9. Proper cooling methods				
10. Proper cooking time & temperatures				
11. Proper reheating procedures for hot holding				
<b>PROTECTION FROM CONTAMINATION</b>				
12. Returned and re-service of food				
13. Food in good condition, safe and unadulterated				
14. Food contact surfaces: clean and sanitized				

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
15. Food obtained from approved source				
16. Compliance with shell stock tags, condition, display				
17. Compliance with Gulf Oyster Regulations				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
<b>CONSUMER ADVISORY</b>				
19. Consumer advisory provided for raw or undercooked foods				
<b>Highly Susceptible Populations</b>				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
<b>WATER/HOT WATER</b>				
21. Hot and cold water available Temp 120°F				
<b>LIQUID WASTE DISPOSAL</b>				
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
23. No rodents, insects, birds, or animals				

<b>SUPERVISION</b>		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		

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)

*Richard Apple*

Title

Received by (Signature)

*Paul G. Gray*

Specialist (Print)

*Dennis Eck*

Specialist (Signature)

Re-inspection Date:

14. Be sure to have sanitizing rags in bucket of sanitizer for sanitizing surfaces during operation.

6. Provide a divider between coffee maker and handwashing sink to ensure adequate separation.