



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: 7/5/23

|  |                              |                                   |
|--|------------------------------|-----------------------------------|
| Facility Name: <u>Sleepy Sky Lodge</u>     | Phone Number <u>836-2844</u> | PR ID # <u>429</u>                |
| Facility Site Address: <u>58586 Hwy 70</u> | City: <u>Cranberry</u>       | Zip <u>96103</u>                  |
| Permit #: <u>22-042</u>                    | Exp Date: <u>7-1-23</u>      | Permit Holder: <u>Wayne Yates</u> |

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: <u>Wendy Yates</u>                | Exp. Date <u>6/17/25</u>                                      |     |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>          |   |     |     |     |
| 4  | 2. Communicable disease; reporting, restrictions & exclusions |     |     |     |
| 5  | 3. No discharge from eyes, nose, and mouth                    |     |     |     |
| 6  | 4. Proper eating, tasting, drinking or tobacco use            |     |     |     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>                 |   |     |     |     |
| 7  | 5. Hands clean and properly washed; gloves used properly      |     |     |     |
| 8  | 6. Adequate handwashing facilities supplied & accessible      |     |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>                |   |     |     |     |
| 9  | 7. Proper hot and cold holding temperatures                   |     |     |     |
| 10   | 8. Time as a public health control; procedures & records      |     |     |     |
| 11   | 9. Proper cooling methods                                     |     |     |     |
| 12   | 10. Proper cooking time & temperatures                        |     |     |     |
| 13   | 11. Proper reheating procedures for hot holding               |     |     |     |
| <b>PROTECTION FROM CONTAMINATION</b>                     |   |     |     |     |
| 14   | 12. Returned and re-service of food                           |     |     |     |
| 15   | 13. Food in good condition, safe and unadulterated            |     |     |     |
| 16   | 14. Food contact surfaces: clean and sanitized                |     |     |     |

| In  | N/O-N/A   | COS | MAJ | OUT |
|---|---|-----|-----|-----|
| <b>FOOD FROM APPROVED SOURCES</b>           |   |     |     |     |
| 15  | 15. Food obtained from approved source  |     |     |     |
| 16  | 16. Compliance with shell stock tags, condition, display                                    |     |     |     |
| 17  | 17. Compliance with Gulf Oyster Regulations   |     |     |     |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b> |   |     |     |     |
| 18  | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |     |     |     |
| <b>CONSUMER ADVISORY</b>                    |   |     |     |     |
| 19  | 19. Consumer advisory provided for raw or undercooked foods                                 |     |     |     |
| <b>Highly Susceptible Populations</b>       |   |     |     |     |
| 20  | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |     |     |     |
| <b>WATER/HOT WATER</b>                      |   |     |     |     |
| 21  | 21. Hot and cold water available  |     |     |     |
| Temp  |   |     |     |     |
| <b>LIQUID WASTE DISPOSAL</b>                |   |     |     |     |
| 22  | 22. Sewage and wastewater properly disposed   |     |     |     |
| <b>VERMIN</b>                               |   |     |     |     |
| 23  | 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              |     |

| <b>PHYSICAL FACILITIES</b>          |   | OUT |
|-------------------------------------|---|-----|
| 39                                  | Thermometers provided and accurate                          |     |
| 40                                  | Wiping cloths: properly used and stored                     |     |
| <b>PERMANENT FOOD 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>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)     | <u>Wendy Yates</u> | Title                  | <u>Owner</u>        |
| Received by (Signature) | <u>Wendy Yates</u> |                        |                     |
| Specialist (Print)      | <u>Dennis Eck</u>  | Specialist (Signature) | <u>John</u>         |
|                         |                    |                        | Re-inspection Date: |