



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: 7/17/23

Facility Name: Haskins Valley Inn Phone Number _____ PR ID # 189
 Facility Site Address: 16860 Bucks Lake Rd City: Quincy/Bucks Lake Zip 95971
 Permit #: 23-156-VE Exp Date: 2/1/24 Permit Holder: Kenneth & Dixie Nelson 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	OU T
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
	Food Safety Cert Name: <u>Debbie Knipe</u> Exp. Date <u>6/4/2026</u>			
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions			
<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth		-	
<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures <u>Cool</u>			
<input checked="" type="checkbox"/>	8. Time as a public health control; procedures & records			
<input checked="" type="checkbox"/>	9. Proper cooling methods			
<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures			
<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/>	12. Returned and re-service of food			
<input checked="" type="checkbox"/>	13. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>	14. Food contact surfaces: clean and sanitized			

	FOOD FROM APPROVED SOURCES	
<input checked="" type="checkbox"/>	15. Food obtained from approved source	
<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition, display	
<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations	
CONFORMANCE WITH APPROVED PROCEDURES		
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	
CONSUMER ADVISORY		
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods	
Highly Susceptible Populations		
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	
WATER/HOT WATER		
<input checked="" type="checkbox"/>	21. Hot and cold water available Temp <u>140°F</u>	
LIQUID WASTE DISPOSAL		
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed	
VERMIN		
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals	

In	N/O-N/A	CO S	MAJ	OU T
SUPERVISION				
<input checked="" type="checkbox"/>	24. Person in charge present and performs duties			
PERSONAL CLEANLINESS				
<input checked="" type="checkbox"/>	25. Personal cleanliness and hair restraints			
GENERAL FOOD SAFETY REQUIREMENTS				
<input checked="" type="checkbox"/>	26. Approved thawing methods used, frozen food			
<input checked="" type="checkbox"/>	27. Food separated and protected			
<input checked="" type="checkbox"/>	28. Washing fruits and vegetables			
<input checked="" type="checkbox"/>	29. Toxic substances properly identified, stored, used			
FOOD STORAGE/ DISPLAY/ SERVICE				
<input checked="" type="checkbox"/>	30. Food storage; food storage containers identified			
<input checked="" type="checkbox"/>	31. Consumer self-service			
<input checked="" type="checkbox"/>	32. Food properly labeled & honestly presented			
EQUIPMENT/ UTENSILS/ LINENS				
<input checked="" type="checkbox"/>	33. Nonfood contact surfaces clean			
<input checked="" type="checkbox"/>	34. Warewashing facilities: installed, maintained, used; test strips			
<input checked="" type="checkbox"/>	35. Equipment/ Utensils approved; installed; clean; good repair, capacity			
<input checked="" type="checkbox"/>	36. Equipment, utensils and linens; storage and use			
<input checked="" type="checkbox"/>	37. Vending machines			
<input checked="" type="checkbox"/>	38. Adequate ventilation and lighting; designated areas, use			

	OUT
39. Thermometers provided and accurate	
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	
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)

Title

Received by (Signature)

Specialist (Print)

Specialist (Signature)

Re-inspection Date:

Next Routine