



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: 8/4/23

Facility Name: THE BLOWELL HOUSE	Phone Number: 258-3338	PR ID #: 85
Facility Site Address: 112 MAIN	City: CHESTER	Zip: 96020
Permit #: 23-054	Exp Date: 2/1/24	Permit Holder: THE BLOWELL BUNCH
		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
DEMONSTRATION OF KNOWLEDGE					
X		1. Demonstration of knowledge; food safety certification			
		Food Safety Cert Name: FILIP LABOJA	Exp. Date: 11/5/27		
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			

		FOOD FROM APPROVED SOURCES		
X		15. Food obtained from approved source		
	X	16. Compliance with shell stock tags, condition, display		
	X	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 _____		
		LIQUID WASTE DISPOSAL		
X		22. Sewage and wastewater properly disposed		
		VERMIN		
X		23. No rodents, insects, birds, or animals		

In	N/O-N/A		COS	MAJ	OUT
		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			
		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			

		PHYSICAL FACILITIES		OUT
		39. Thermometers provided and accurate		
		40. Wiping cloths: properly used and stored		
		PERMANENT FOOD 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		
		SIGNS/ REQUIREMENTS		
		45. Floor, walls and ceilings: built, maintained, and clean		
		46. No unapproved private homes/ living or sleeping quarters		
		47. Signs posted; last inspection report available		
		COMPLIANCE & ENFORCEMENT		
		48. Plan Review		
		49. Permits Available		
		50. Impoundment		
		51. Permit Suspension		

Received by (Print) UNAVAILABLE

Title

Received by (Signature)

Specialist (Print) PAT SANDOZ

Specialist (Signature)

Re-inspection Date:

Facility Name: <u>Brown House</u>	FA ID # <u>85</u>	Pg <u>2</u> of <u>2</u> Date of Inspection: <u>8/4/23</u>
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OBSERVATIONS AND CORRECTIVE ACTIONS

No VIOLATIONS OBSERVED @ TIME OF INSPECTION.

Received by (Print)

Title

Received by (Signature) UNAVAILABLE

Specialist (Print) PAT SANDERS

Specialist (Signature) [Signature]

Re-inspection Date: