



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: 9/26/23

Facility Name: Bing's Lake Almanor Bistro Phone Number _____ PR ID # 2147
 Facility Site Address: 300 MAIN ST City: CHESTER Zip: 96020 Type of Inspection: Routine
 Permit #: 23-1305 Exp Date: 7/13/24 Permit Holder: Bing Wang

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>Bing Wang</u> | Exp. Date: <u>7/25/27</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 | | | |
| <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"/> | <input checked="" type="checkbox"/> | |
| <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 | |
| 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 | OUT |
|---|---------|------|-----|------|-----|
| SUPERVISION | | | | | |
| 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 | | | | | |
| 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) Bing Wang Title Owner
 Received by (Signature) Bing Wang
 Specialist (Print) PAT SANDER Specialist (Signature) [Signature] Re-inspection Date:

13. KEEP ALL HOT FOOD CONTAINERS COVERS WHEN NOT IN USE - Facility SB-1880 Complaint
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