



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: 10/19/23

Facility Name: <u>SIERRA BELLA LANES/LA SIERRA LANES</u>	Phone Number _____	PR ID # <u>112</u>
Facility Site Address: <u>1735 E Main St</u>	City: <u>Quincy</u>	Zip <u>95971</u>
Permit #: <u>23-079</u>	Exp Date: <u>4/5/24</u>	Permit Holder: <u>Shandell + Scott Sutherland</u>
		Type of Inspection: <u>Routine</u>

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	OUT
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
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>Cold off</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 <u>Sutherland spray</u>			

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>120°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	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 <u>Corrected</u>				
36. Equipment, utensils and linens: storage and use				
37. Vending machines				
38. Adequate ventilation and lighting; designated areas, use				

PHYSICAL FACILITIES	
<input checked="" type="checkbox"/>	41. Plumbing: proper backflow devices
<input checked="" type="checkbox"/>	42. Garbage and refuse properly disposed; facilities maintained
<input checked="" type="checkbox"/>	43. Toilet facilities: properly constructed, supplied, cleaned
<input checked="" type="checkbox"/>	44. Premises; personal/cleaning items; vermin-proofing
PERMANENT FOOD FACILITIES	
<input checked="" type="checkbox"/>	45. Floor, walls and ceilings: built, maintained, and clean
<input checked="" type="checkbox"/>	46. No unapproved private homes/ living or sleeping quarters
SIGNS/ REQUIREMENTS	
<input checked="" type="checkbox"/>	47. Signs posted; last inspection report available
COMPLIANCE & ENFORCEMENT	
<input checked="" type="checkbox"/>	48. Plan Review
<input checked="" type="checkbox"/>	49. Permits Available
<input checked="" type="checkbox"/>	50. Impoundment
<input checked="" type="checkbox"/>	51. Permit Suspension

Received by (Print) <u>Shandell Sutherland</u>	Title _____
Received by (Signature) <u>D</u>	
Specialist (Print) <u>Dennis Eck</u>	Specialist (Signature) <u>D</u>
Re-inspection Date: <u>Next Routine</u>	

OBSERVATIONS AND CORRECTIVE ACTIONS

35) Keep ice scoops in clean container - Scoop were stored in ice maker - Corrected on site by owner.

²⁷⁾ ~~Keep~~ Keep personal items in fridge separate from items to be served. - Corrected on site by owner

All items addressed. Thank You!

Long term goals are to replace flooring - tiles missing + is in disrepair - No violations as of now.

Note

- Cool chili in hot holding @ end of day

135 → 71° within 2 hrs. (shallow pans on ice) work well to cool

71° → 41° F with 2-4 hrs.

Reheating for following day → heat to 165° F, then maintain in hot holding >135° F.

Received by (Print)

Shanel Sutliff

Title

Received by (Signature)



Specialist (Print)

Dennis Eick

Specialist (Signature)

Re-inspection Date:

Next Return