



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: 11/7/23

Facility Name: NAKOMA RESORT - ALTITUDE Phone Number 873 462 5662 PR ID # 121
Facility Site Address: 1402 Great Spur Rd City: CLIO Zip 96106
Permit #: 23-986 Exp Date: 11/1/24 Permit Holder: NAKOMA RESORT 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	OUT
DEMONSTRATION OF KNOWLEDGE				
1. Demonstration of knowledge; food safety certification		<input checked="" type="checkbox"/>		
Food Safety Cert Name: <i>Parley Eden Brooke Miller</i> Exp. Date <i>11/23/28</i>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
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		<input checked="" type="checkbox"/>		
PREVENTING CONTAMINATION BY HANDS				
5. Hands clean and properly washed; gloves used properly		<input checked="" type="checkbox"/>		
6. Adequate handwashing facilities supplied & accessible		<input checked="" type="checkbox"/>		
TIME AND TEMPERATURE RELATIONSHIPS				
7. Proper hot and cold holding temperatures <i>COLD</i>		<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		<input checked="" type="checkbox"/>		
PROTECTION FROM CONTAMINATION				
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 <i>Clean</i>		<input checked="" type="checkbox"/>		

FOOD FROM APPROVED SOURCES	
15. Food obtained from approved source	
16. Compliance with shell stock tags, condition, display	
17. Compliance with Gulf Oyster Regulations	
CONFORMANCE WITH APPROVED PROCEDURES	
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	
CONSUMER ADVISORY	
19. Consumer advisory provided for raw or undercooked foods	
Highly Susceptible Populations	
20. Licensed health care facilities/ public & private schools; prohibited foods not offered	
WATER/HOT WATER	
21. Hot and cold water available Temp <i>120°F+</i>	
LIQUID WASTE DISPOSAL	
22. Sewage and wastewater properly disposed	
VERMIN	
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		<input checked="" type="checkbox"/>		
PERSONAL CLEANLINESS				
25. Personal cleanliness and hair restraints		<input checked="" type="checkbox"/>		
GENERAL FOOD SAFETY REQUIREMENTS				
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		<input checked="" type="checkbox"/>		
FOOD STORAGE/ DISPLAY/ SERVICE				
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		<input checked="" type="checkbox"/>		
EQUIPMENT/ UTENSILS/ LINENS				
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		<input checked="" type="checkbox"/>		

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) *Eden Brooke Miller*

Title *BFB director / Exec Chef*

Received by (Signature) *Eden Brooke Miller*

Specialist (Print) *Dennis Ede*

Specialist (Signature) *DR*

Re-inspection Date:

Next Routine.

Great Sanitation observed. -