



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: 1/5/24

Facility Name: <u>MOHAWK TAVERN</u>	City: <u>Groverdale</u>	Phone Number: _____	PR ID# <u>206</u>
Facility Site Address: <u>999 Johnsonville Rd</u>	Zip: <u>96103</u>	Type of Inspection: <u>Routine</u>	
Permit #: <u>24-173</u>	Exp Date: <u>2/9/25</u>	Permit Holder: <u>Mary Trumble</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	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/>				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>Kimberly Walker</u> Exp. Date: <u>5/23/27</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"/>				
14. Food contact surfaces: clean and sanitized				

<input checked="" type="checkbox"/>				
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	COS	MAJ	OUT
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SUPERVISION		OUT
<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	

<input checked="" type="checkbox"/>	39. Thermometers provided and accurate	
<input checked="" type="checkbox"/>	40. Wiping cloths: properly used and stored	
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)

Title

Received by (Signature) R Walker

Specialist (Print)

Specialist (Signature)

Re-inspection Date: