



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>MOTEL TAVEN</u>	Phone Number: _____	PR ID # <u>206</u>
Facility Site Address: <u>999 Johnsville Rd</u>	City: <u>Grangele</u>	Zip: <u>96103</u>
Permit #: <u>24-173</u>	Exp Date: <u>2/9/25</u>	Permit Holder: <u>Mary Trumle</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 T
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<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>		
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<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			
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<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			
<b>PROTECTION FROM CONTAMINATION</b>				
<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			

<b>FOOD FROM APPROVED SOURCES</b>		
<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	
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>		
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	
<b>CONSUMER ADVISORY</b>		
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods	
<b>Highly Susceptible Populations</b>		
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	
<b>WATER/HOT WATER</b>		
<input checked="" type="checkbox"/>	21. Hot and cold water available Temp <u>120°F</u>	
<b>LIQUID WASTE DISPOSAL</b>		
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed	
<b>VERMIN</b>		
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals	

In	N/O-N/A	CO S	MAJ	OUT T
<b>SUPERVISION</b>				
24.	Person in charge present and performs duties			
<b>PERSONAL CLEANLINESS</b>				
25.	Personal cleanliness and hair restraints			
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>				
26.	Approved thawing methods used, frozen food			
27.	Food separated and protected			
28.	Washing fruits and vegetables			
29.	Toxic substances properly identified, stored, used			
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>				
30.	Food storage; food storage containers identified			
31.	Consumer self-service			
32.	Food properly labeled & honestly presented			
<b>EQUIPMENT/ UTENSILS/ LINENS</b>				
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			

<b>PHYSICAL FACILITIES</b>		
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	
<b>PERMANENT FOOD FACILITIES</b>		
45.	Floor, walls and ceilings: built, maintained, and clean	
46.	No unapproved private homes/ living or sleeping quarters	
<b>SIGNS/ REQUIREMENTS</b>		
47.	Signs posted; last inspection report available	
<b>COMPLIANCE &amp; ENFORCEMENT</b>		
48.	Plan Review	
49.	Permits Available	
50.	Impoundment	
51.	Permit Suspension	

Received by (Print)

Title

Received by (Signature) - K Walker

Specialist (Print)

Dennis Eck

Specialist (Signature)

Re-inspection Date: