



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: 2/22/24

Facility Name: SIERRA SMOKESHOW Phone Number 448-3039 PR ID # Pending  
Facility Site Address: 192 Banta St City: Blawston Zip 96122 Type of Inspection:  
Permit #: - Pending Exp Date:  Permit Holder: Andrea Tarantino/Chris Patrick Preopening

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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <i>Pending</i>		Exp. Date		
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
	2. Communicable disease; reporting, restrictions & exclusions			
	3. No discharge from eyes, nose, and mouth			
	4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>				
	5. Hands clean and properly washed; gloves used properly			
	6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
	7. Proper hot and cold holding temperatures			
	8. Time as a public health control; procedures & records			
	9. Proper cooling methods			
	10. Proper cooking time & temperatures			
	11. Proper reheating procedures for hot holding			
<b>PROTECTION FROM CONTAMINATION</b>				
	12. Returned and re-service of food			
	13. Food in good condition, safe and unadulterated			
	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		<input checked="" type="checkbox"/>
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	CO 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			

	OUT
39. Thermometers provided and accurate	
40. Wiping cloths: properly used and stored	
<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)

Andrea Tarantino ~~class 10/10~~ Title

**Specialist (Print)**

Specialist (Signature)

Re-inspection Date:

-inspection Date-

OK to operate.