



PLUMAS COUNTY
pg 1 of 2
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: 1/5/2024

Facility Name: Timber House Phone Number 816-1426 PR ID # 2093
 Facility Site Address: 501 Main City: CHESTER Zip 96024
 Permit #: 23-1272 Exp Date: 12/9/21 Permit Holder: BERTON BERTAGNA
 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	OU T
DEMONSTRATION OF KNOWLEDGE				
X	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>GASRIELE Karen 3/25/26</u> Exp. Date				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
X	2. Communicable disease; reporting, restrictions & exclusions			
X	3. No discharge from eyes, nose, and mouth			
X	4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS				
X	5. Hands clean and properly washed; gloves used properly			
X	6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS				
X	7. Proper hot and cold holding temperatures			
X	8. Time as a public health control; procedures & records			
X	9. Proper cooling methods			
X	10. Proper cooking time & temperatures			
X	11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION				
X	12. Returned and re-service of food			
X	13. Food in good condition, safe and unadulterated			
X	14. Food contact surfaces: clean and sanitized			

	FOOD FROM APPROVED SOURCES	
X	15. Food obtained from approved source	
X	16. Compliance with shell stock tags, condition, display	
X	17. Compliance with Gulf Oyster Regulations	
CONFORMANCE WITH APPROVED PROCEDURES		
X	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	
CONSUMER ADVISORY		
X	19. Consumer advisory provided for raw or undercooked foods	
Highly Susceptible Populations		
X	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	
WATER/HOT WATER		
X	21. Hot and cold water available Temp <u>120°F+</u>	
LIQUID WASTE DISPOSAL		
X	22. Sewage and wastewater properly disposed	
VERMIN		
X	23. No rodents, insects, birds, or animals	

In	N/O-N/A	CO S	MAJ	OU T
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	X		
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
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) Ashley Clarke Title
 Received by (Signature) Ashley C
 Specialist (Print) Pat Sanders Specialist (Signature) JK Re-inspection Date:

OBSERVATIONS AND CORRECTIVE ACTIONS

34. DISHWASHER IN KITCHEN NOT SANITIZING @ TIME OF INSPECTION UNTIL REPAIRS
UTILIZE DISHWASHER FOR WASH & RINSE → PREPARE A MIN 100 PPM
DISINFECTION IN 3-COMPARTMENT SINK → DIP → AIR DRY.

45. CLEAN AREAS UNDER EQUIPMENT ON A ROUTINE BASIS TO PREVENT
ACCUMULATION OF FOOD DEBRIS

Received by (Print)

Ashley Clarke

Title

Received by (Signature)

Ashley C

Specialist (Print)

PAT Sanders

Specialist (Signature)

HJ

Re-inspection Date: