



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>Timber House</u>	Phone Number: <u>816-1426</u>	PR ID #: <u>2093</u>
Facility Site Address: <u>501 Main</u>	City: <u>Chester</u>	Zip: <u>96020</u>
Permit #: <u>23-1272</u>	Exp Date: <u>12/9/24</u>	Permit Holder: <u>BERTON BEATAGNA</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		COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE					
X		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>GABRIELE KAWER</u> Exp. Date: <u>3/25/26</u>					
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		COS	MAJ	OUT
SUPERVISION					
		24. Person in charge present and performs duties			OUT
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			

	39. Thermometers provided and accurate	OUT
	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	X
	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 Clarke

Specialist (Print) RAT SANDERS

Specialist (Signature) [Signature]

Re-inspection Date:

Facility Name: Timber House

FA ID # 2093

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OBSERVATIONS AND CORRECTIVE ACTIONS

34. DISHWASHER IN KITCHEN NOT SANITIZING @ TIME OF INSPECTION UNTIL REPAIRED
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 Clarke

Specialist (Print)

PAT SANDERS

Specialist (Signature)

[Signature]

Re-inspection Date: