



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: 4/5/24

Facility Name: SIERRA SNAKE SHOW Phone Number \_\_\_\_\_ PR ID # 87  
Facility Site Address: 190 BONTA ST City: BLAIRDEN Zip 96122 Type of Inspection: Routine  
Permit #: 24-056 Exp Date: 4/22/24 Permit Holder: Andrea Tarantino / Chris Patrick

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>                    |  |   |     |                                     |
| <input checked="" type="checkbox"/>                  | 1. Demonstration of knowledge; food safety certification       |   |     |                                     |
| Food Safety Cert Name: Pending - 30 days - Exp. Date |  |   |     |                                     |
| <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"/> |
| <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 <i>Question</i> |   |     | <input checked="" type="checkbox"/> |
| In   | N/O-N/A  | <i>3 compartment sink to be utilized until dishwasher repaired.</i> |     |                                     |

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/>         | <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  |   |  |
| <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 | OUT |
|---|---------|-----|
| <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              |         |     |

|   |     |
|---|-----|
| 39. Thermometers provided and accurate                          | OUT |
| 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)

*Christopher P. Tarantino*

Title

*Chef/Owner*

Received by (Signature)

Specialist (Print)

*Dennis Eck*

Specialist (Signature)

Re-inspection Date:

*Next Routine.*

*7) Items in downstairs fridges 43-46°F. Adjust to maintain <41°F  
14) Dishwasher not registering sanitizer - Please have servco to have 50ppm sanitizing step.*