



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: 5/8/24

Facility Name: WHITEHAWK RANCH GOLF CLUB Phone Number 836-4078 PR ID # 106
Facility Site Address: 14835 River Run City: CLIO Zip 96106
Permit #: 24-069 Exp Date: 2/1/25 Permit Holder: Greagle Land + Water
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				
	1. Demonstration of knowledge; food safety certification			
	Food Safety Cert Name: <u>Pending - 60 days</u>	Exp. Date		
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
	2. Communicable disease; reporting, restrictions & exclusions			
	3. No discharge from eyes, nose, and mouth			
	4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS				
	5. Hands clean and properly washed; gloves used properly			
	6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS				
	7. Proper hot and cold holding temperatures <u>hot + cold</u>			
	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 <u>165°F then to 135°F</u>			
PROTECTION FROM CONTAMINATION				
	12. Returned and re-service of food			
	13. Food in good condition, safe and unadulterated			
	14. Food contact surfaces: clean and sanitized <u>200 ppm +</u>			

	FOOD FROM APPROVED SOURCES	
	15. Food obtained from approved source	
	16. Compliance with shell stock tags, condition, display	
	17. Compliance with Gulf Oyster Regulations	
CONFORMANCE WITH APPROVED PROCEDURES		
	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	
CONSUMER ADVISORY		
	19. Consumer advisory provided for raw or undercooked foods	
Highly Susceptible Populations		
	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	
WATER/HOT WATER		
	21. Hot and cold water available Temp <u>120°F</u>	
LIQUID WASTE DISPOSAL		
	22. Sewage and wastewater properly disposed	
VERMIN		
	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			
	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) Chelsey Williams Title _____
Received by (Signature) Chelsey Williams
Specialist (Print) Dennis Eck Specialist (Signature) _____
Re-inspection Date: Next Routine

Good sanitation observed during inspection. Thanks!
Email to: Quincy ENV@countyofplumas.com