



**PLUMAS COUNTY  
ENVIRONMENTAL HEALTH DIVISION  
*FOOD SAFETY EVALUATION REPORT***

pg 1 of

Date of Inspection: 8/6/24

Facility Name: THE LODGE at Whitehawk Phone Number 836-4985  
Facility Site Address: 985 WHITEHAWK DR City: CHICO Zip 96106

Permit #: 24-165 Exp Date: 6/1/25 Permit Holder: ERIN HODDE

PR ID #

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	Breakfast only for 2021			COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>							
		1. Demonstration of knowledge; food safety certification					
Food Safety Cert Name:	Jennifer KAPCI		Exp. Date				6/28/27
<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					

In	N/ON/A	FOOD FROM APPROVED SOURCES	COS	MAJ	OUT
		15. Food obtained from approved source			
		16. Compliance with shell stock tags, condition, display			
		17. Compliance with Gulf Oyster Regulations			
		<b>CONFORMANCE WITH APPROVED PROCEDURES</b>			
		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
		<b>SB 13 83 Food Diversion Program</b>			
		<b>CONSUMER ADVISORY</b>			
		19. Consumer advisory provided for raw or undercooked foods			
		<b>Highly Susceptible Populations</b>			
		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
		<b>WATER/HOT WATER</b>			
		21. Hot and cold water available			
		Temp <u>142.5°F</u>			
		<b>LIQUID WASTE DISPOSAL</b>			
		22. Sewage and wastewater properly disposed			
		<b>VERMIN</b>			
		23. No rodents, insects, birds, or animals			

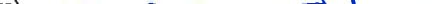
<b>SUPERVISION</b>		<b>OUT</b>
<b>24.</b> Person in charge present and performs duties		
<b>PERSONAL CLEANLINESS</b>		
<b>25.</b> Personal cleanliness and hair restraints		
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		
<b>26.</b> Approved thawing methods used, frozen food		
<b>27.</b> Food separated and protected		
<b>28.</b> Washing fruits and vegetables		
<b>29.</b> Toxic substances properly identified, stored, used		
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>		
<b>30.</b> Food storage: food storage containers identified		
<b>31.</b> Consumer self-service		
<b>32.</b> Food properly labeled & honestly presented		
<b>EQUIPMENT/ UTENSILS/ LINENS</b>		
<b>33.</b> Nonfood contact surfaces clean		
<b>34.</b> Warewashing facilities: installed, maintained, used; test strips		
<b>35.</b> Equipment/ Utensils approved: installed; clean; good repair, capacity		
<b>36.</b> Equipment, utensils and linens: storage and use		
<b>37.</b> Vending machines		
<b>38.</b> 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) Michelle Seana

### Title

Received by (Signature)

Signature)   
Specialist (Signature) 

## Specialist (Print)

Specialist (Signature)

Re-inspection Date:

14) No sanitizer detected in dishwasher - please have serviced and use 3-compartment sink w/ sanitizer dip until fixed. 50ppm needed. Dishwasher Note: \* - Consider turning down hot water heater - only 120°F needed to prevent scalding