



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: 10/18/24

Facility Name: Mt. Lassen Golf Course	Phone Number: 284-6300	PR ID #: 33
Facility Site Address: 15301 Hwy 89	City: Crescent Mills	Zip: 95934
Permit #: _____	Exp Date: _____	Permit Holder: _____

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	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>				
	1. Demonstration of knowledge; food safety certification			X
<b>Food Safety Cert Name:</b> _____ <b>Exp. Date:</b> _____				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
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			
<b>PREVENTING CONTAMINATION BY HANDS</b>				
X	5. Hands clean and properly washed; gloves used properly			
X	6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
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			
<b>PROTECTION FROM CONTAMINATION</b>				
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			

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

In	N/O-N/A	CO S	MAJ	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				

<b>OUT</b>	
39. Thermometers provided and accurate	
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)	Jim Rutledge	Title	Owner
Received by (Signature)			
Specialist (Print)	Par Sanders	Specialist (Signature)	
		Re-inspection Date:	

Facility Name: <u>Mt. Haven Golf Course</u>	FAID #: <u>33</u>	Pg <u>2</u> of <u>2</u>
Date of Inspection: <u>10/18/24</u>		

OBSERVATIONS AND CORRECTIVE ACTIONS

1. Obtain & Submit A Current VA DOH MANAGERS Food SAFETY (CERTIFICATION)

49 KEEP CURRENT & VA DOH HEALTH PERMIT POSTED @ SITE

Received by (Print)

Jim Purdy

Title

owner

Received by (Signature)

Jim

Specialist (Print)

Pat Sanders

Specialist (Signature)

Pat

Re-inspection Date: