



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: 10/2/24

Facility Name: LAKE ALMANOR ELKS LODGE # 2626	Phone Number: 258-3557	PR ID #: 186
Facility Site Address: 164 MAIN	City: CHASTOT	Zip: 96020
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	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE				
Food Safety Cert Name: SUBMIT NEW CERT ONCE RECEIVED Exp. Date				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
X				
X				
X				
PREVENTING CONTAMINATION BY HANDS				
X				
X				
TIME AND TEMPERATURE RELATIONSHIPS				
X				
	X			
X				
X				
X				
PROTECTION FROM CONTAMINATION				
X				
X				
X				

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		
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				
PERSONAL CLEANLINESS				
GENERAL FOOD SAFETY REQUIREMENTS				
FOOD STORAGE/ DISPLAY/ SERVICE				
EQUIPMENT/ UTENSILS/ LINENS				

	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) Charles W Changnon Title

Received by (Signature) Charles W Changnon

Specialist (Print) Pat Sanders

Specialist (Signature) [Signature]

Re-inspection Date:

Facility Name: <u>CHESTER LAKE AMADOR ELKS</u>	FA ID # <u>186</u>	Pg <u>2</u> of <u>2</u>
		Date of Inspection: <u>10/2/20</u>

OBSERVATIONS AND CORRECTIVE ACTIONS

1. SUBMIT CURRENT & VALID FOOD CERTIFICATION ONCE RECEIVED. PER CERTIFIED PERSON EXAM HAS BEEN TAKEN, WAITING ON CERT VIA MAIL.

- CURRENT & VALID HEALTH PERMIT TO BE ISSUED BY THIS DEPT. ONCE CERTIFICATION SUBMITTED - IN FACILITY APPROVED TO CONTINUE OPERATION.

Received by (Print)

CF

Title

Received by (Signature)

Charles W. Chyn

Specialist (Print)

PAT SANDER

Specialist (Signature)

[Signature]

Re-inspection Date: