



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: 10/22/24

Facility Name: LAKE AUMANOR STATION Phone Number 596-4488 PR ID # 1309
Facility Site Address: 345 PENINSULA City: LAKE AUMANOR Zip 96137
Permit #: 24-994 Exp Date: 8/1/25 Permit Holder: INHYO CRUISE INC. 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					
	X	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: Exp. Date					
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
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			
PREVENTING CONTAMINATION BY HANDS					
X		5. Hands clean and properly washed; gloves used properly			
		6. Adequate handwashing facilities supplied & accessible	X		
TIME AND TEMPERATURE RELATIONSHIPS					
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			
PROTECTION FROM CONTAMINATION					
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			

	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					
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			

39. Thermometers provided and accurate		OUT
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) Leroyte, K. Phinney Title 10/22/24
Received by (Signature) Leroyte, K.
Specialist (Print) PAT SANDERS Specialist (Signature) *[Signature]* Re-inspection Date:

Facility Name:

LAKE ALMANOR STATION

FAID # 1309

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OBSERVATIONS AND CORRECTIVE ACTIONS

6. KEEP HANDWASH SINK SUPPLIED w/ SINKS SERVING PAPER TOWELS C.O.S.

21. REPAIR HOT WATER @ HANDWASH SINK IN PUBLIC RESTROOM.

HOT WATER AVAILABLE @ HANDWASH SINK IN BACK AREA OF FACILITY

- Discontinue Preparing & Serving Biscuits & Gravy - Facility is classified
AS NON-PREP.

Received by (Print)

Lagunita Kiplinger

Title 10/22/24

Received by (Signature)

Lagunita K.

Specialist (Print)

PAT SANDERS

Specialist (Signature)

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Re-inspection Date: