



PLUMAS COUNTY
pg 1 of 1
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: 5/20/24

Facility Name: <u>FEATHER RIVER PARK RESORT</u>	Phone Number: _____	PR ID #: 132
Facility Site Address: <u>8339 Hwy 89</u>	City: <u>Blairsden</u>	Zip: <u>96103</u>
Permit #: <u>24-027</u>	Exp Date: <u>5-1-25</u>	Permit Holder: <u>Feather River Park Resort Assoc.</u>
		Type of Inspection: <u>Routine</u>

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>To be emailed - Not on site</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>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				
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				

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		
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) <u>June Boyd</u>	Title <u>manager</u>
Received by (Signature)	
Specialist (Print) <u>Dennis Eck</u>	Specialist (Signature) <u>SD</u>
Re-inspection Date: <u>Next Routine</u>	

Food items limited mainly to microwaved items, hotdogs, sandwiches.