



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: 6/5/24

Facility Name: LAKE ALUMNER COUNTY CUB	Phone Number:	PR ID #: 235
Facility Site Address: 951 Clifford	City: LAKE ALUMNER	Zip: 96137
Permit #: 24-202	Exp Date: 11/1/24	Permit Holder: LACE
		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: JAMES FERRER SUMMIT ASAP Exp. Date					
EMPLOYEE HEALTH & HYGIENE 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			
X		6. Adequate handwashing facilities supplied & accessible			
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
	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			OUT
PERSONAL CLEANLINESS					
		25. Personal cleanliness and hair restraints			
GENERAL FOOD SAFETY REQUIREMENTS					
		26. Approved thawing methods used, frozen food			X
		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)

Julia Andersen

Title

Received by (Signature)

Julia Andersen

Specialist (Print)

PAT SANDERS

Specialist (Signature)

[Signature]

Re-inspection Date:

Facility Name:

LAKE ANAHEIM COUNTRY CLUB

FA ID # 235

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Date of Inspection: 6/5/24

OBSERVATIONS AND CORRECTIVE ACTIONS

1. Submit Current & Valid Food Certification to E.H. Immediately to E.H.

2. THAW ALL FROZEN FOODS IN ONE OF THE FOLLOWING WAYS:

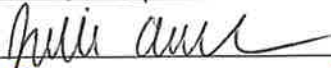
- UNDER REFRIGERATION
- IN FOOD PREP SINK UNDER COOL RUNNING WATER
- DURING COOKING PROCESS

Received by (Print)

Julia Andersen

Title

Received by (Signature)



Specialist (Print)

PAT SANDERS

Specialist (Signature)



Re-inspection Date: