



PLUMAS COUNTY  
ENVIRONMENTAL HEALTH DIVISION  
**FOOD SAFETY EVALUATION REPORT**  
270 County Hospital Rd., Ste 127 Quincy, CA 95971  
Phone: (530) 283-6355 FAX (530) 283-6241

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Date of Inspection: 11/6/24

Facility Name: <i>Rivulus LAKE Almanor Ristoro</i>	Phone Number	PR ID # <b>2147</b>
Facility Site Address: <i>300 MAIN</i>	City: <i>CHESTER</i>	Zip <i>96020</i>
Permit #: <b>24-1305</b>	Exp Date: <b>7/13/25</b>	Permit Holder: <i>Renee Wente</i>
		Type of Inspection: <b>Routine</b>

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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <i>Renee Wente</i> Exp. Date <i>7/25/27</i>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions			
<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth			
<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
	6. Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures			
<input checked="" type="checkbox"/>	8. Time as a public health control; procedures & records			
<input checked="" type="checkbox"/>	9. Proper cooling methods			
<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures			
<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding			
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/>	12. Returned and re-service of food			
<input checked="" type="checkbox"/>	13. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>	14. Food contact surfaces: clean and sanitized			

In	N/O/N/A	FOOD FROM APPROVED SOURCES	COS	MAJ	OUT
<input checked="" type="checkbox"/>	15. Food obtained from approved source				
<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition, display				
<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>					
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
<input checked="" type="checkbox"/>	SB 13 83 Food Diversion Program				
<b>CONSUMER ADVISORY</b>					
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods				
<b>Highly Susceptible Populations</b>					
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
<b>WATER/HOT WATER</b>					
<input checked="" type="checkbox"/>	21. Hot and cold water available	Temp <i>120°F +</i>			
<b>LIQUID WASTE DISPOSAL</b>					
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed				
<b>VERMIN</b>					
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals				

<b>SUPERVISION</b>		OUT
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		<input checked="" type="checkbox"/>
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	
<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)	<i>Kristen Wente</i>	Title
Received by (Signature)	<i>Kristen</i>	
Specialist (Print)	<i>Pat Sanders</i>	Specialist (Signature) <i>Pat Sanders</i>
		Re-inspection Date:

Facility Name: BING'S LAKE AUNIAC BISTRO

FAID # 2147

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OBSERVATIONS AND CORRECTIVE ACTIONS

6. RESTOCK SINGLE SERVICE SOAP @ HANDWASH SINKS IN RESTROOMS - ENSURE FULL STOCKED @ ALL TIMES.

35. CLEAN INSIDE & OUTSIDE OF ALL EQUIPMENT TO KEEP FREE FROM FOOD DEBRIS - PAY SPECIAL ATTENTION TO CRACKS, CAVITIES, LEDGES, ETC.

CONTINUE ROUTINE CLEANING UNDER EQUIPMENT TO PREVENT FOOD DEBRIS ACCUMULATION

Received by (Print)

Kristen Wentz

Title

Received by (Signature)

KW

Specialist (Print)

PAT SANDERS

Specialist (Signature)

Re-inspection Date: