



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: 11/18/24

Facility Name: THE LOG CABIN	City: PORTOLA	Phone Number:	PR ID #: 907
Facility Site Address: 64 E SIERRA	Zip: 96122	Type of Inspection: PREOPENING	
Permit #: Pending	Exp Date:	Permit Holder: Felipe Velasco	

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>					
Food Safety Cert Name: Felipe Velasco Hernandez Exp. Date 2/23/29					
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
<b>PREVENTING CONTAMINATION BY HANDS</b>					
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
<b>PROTECTION FROM CONTAMINATION</b>					

In	N/O	N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>					
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>					
<b>CONSUMER ADVISORY</b>					
<b>Highly Susceptible Populations</b>					
<b>WATER/HOT WATER</b>					
<b>LIQUID WASTE DISPOSAL</b>					
<b>VERMIN</b>					

In	N/O	N/A	COS	MAJ	OUT
<b>SUPERVISION</b>					
<b>PERSONAL CLEANLINESS</b>					
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>					
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>					
<b>EQUIPMENT/ UTENSILS/ LINENS</b>					

In	N/O	N/A	COS	MAJ	OUT
<b>PHYSICAL FACILITIES</b>					
<b>PERMANENT FOOD FACILITIES</b>					
<b>SIGNS/ REQUIREMENTS</b>					
<b>COMPLIANCE &amp; ENFORCEMENT</b>					

Received by (Print) FUH	Title
Received by (Signature)	
Specialist (Print) Dennis Eck	Specialist (Signature)
	Re-inspection Date: 1st Re-inspection 30 days

Facility Name:

THE LOG CABIN

FA ID # 330

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Date of Inspection: 11/18/24

OBSERVATIONS AND CORRECTIVE ACTIONS

6) Ensure SOAP + PAPER Towels are available at hand washing sink at each line when operational.

- Please contact appropriate department (Fire?) to have ANSUL system inspected + certified prior to opening.

→ OK to open ~~per~~ contingent on approved business license from City of Portland.

Received by (Print)

F-V H

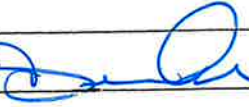
Title

Received by (Signature)

Specialist (Print)

Dennis Fick

Specialist (Signature)



Re-inspection Date:

1st Rpt due  
30 days