



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

pg 1 of 1

Date of Inspection: 2/6/25

Facility Name: <u>MT LASSEN CUBS</u>	Phone Number: <u>258-2991</u>	PR ID #: <u>209</u>
Facility Site Address: <u>173 MAIN</u>	City: <u>CHESTER</u>	Zip: <u>96020</u>
Permit #: <u>24-176</u>	Exp Date: <u>7/10/25</u>	Permit Holder: <u>MICHELLE GOSNEY</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		COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE					
<input checked="" type="checkbox"/>		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>MICHELLE GOSNEY</u>		Exp. Date: <u>4/20/25</u>			
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<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			
PREVENTING CONTAMINATION BY HANDS					
<input checked="" type="checkbox"/>		5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>		6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
<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			
PROTECTION FROM CONTAMINATION					
<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			
FOOD FROM APPROVED SOURCES					
<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			
CONFORMANCE WITH APPROVED PROCEDURES					
	<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			
CONSUMER ADVISORY					
	<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
	<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER					
<input checked="" type="checkbox"/>		21. Hot and cold water available Temp <u>120°F</u>			
LIQUID WASTE DISPOSAL					
<input checked="" type="checkbox"/>		22. Sewage and wastewater properly disposed			
VERMIN					
<input checked="" type="checkbox"/>		23. No rodents, insects, birds, or animals			
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			
		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			
PHYSICAL FACILITIES					
		39. Thermometers provided and accurate			OUT
		40. Wiping cloths: properly used and stored			
PERMANENT FOOD 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			
SIGNS/ REQUIREMENTS					
		45. Floor, walls and ceilings: built, maintained, and clean			
		46. No unapproved private homes/ living or sleeping quarters			
COMPLIANCE & ENFORCEMENT					
		47. Signs posted; last inspection report available			
		48. Plan Review			
		49. Permits Available			
		50. Impoundment			
		51. Permit Suspension			
Received by (Print) <u>Natalie Petersen</u> Title _____					
Received by (Signature) <u>Natalie Petersen</u>					
Specialist (Print) <u>PAT SANDERS</u> Specialist (Signature) <u>[Signature]</u> Re-inspection Date: _____					