



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: 2/6/25

| | | |
|--|------------------------------|-------------------------------------|
| Facility Name: <u>IL LAWD</u> | Phone Number <u>591-5902</u> | PR ID # <u>187</u> |
| Facility Site Address: <u>401 PINEWOOD</u> | City: <u>Lake Almanor</u> | Zip <u>96137</u> |
| Permit #: <u>28-154</u> | Exp Date: <u>2/1/26</u> | Permit Holder: <u>DENNIS MANNIX</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 | 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>KENNETH CRANDALL</u> Exp. Date <u>8/11/29</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 | | OUT |
| 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 | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" type="checkbox"/> |
| 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 | | |
| 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 | | <input checked="" type="checkbox"/> |
| 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) | Title | | |
| Received by (Signature) <u>Archiver</u> | | | |
| Specialist (Print) <u>Pat Sanders</u> | Specialist (Signature) <u>F.H.W.</u> | Re-inspection Date: | |

Facility Name:

IL LAGO

FA ID # 187

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OBSERVATIONS AND CORRECTIVE ACTIONS

26. Are Foods to be Thawed By :

1. UNDER REFRIGERATION
2. UNDER COOL RUNNING WATER
3. DURING COOKING PROCESS.

Food observed thawing on counter @ time of inspection. Corroborated on-site

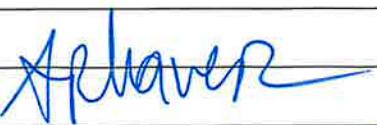
35. CLEAN CONDENSER UNIT & CEILING AIR Duct CONDENSER UNIT TO REMOVE ACCUMULATION OF DEBRIS.

45. CLEAN AREAS UNDER EQUIPMENT IMMEDIATELY ON A ROUTINE BASIS THENCE AFTER TO PREVENT ACCUMULATION OF FOOD DEBRIS

Received by (Print)

Title

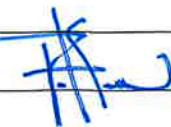
Received by (Signature)



Specialist (Print)

PAT SANDERS

Specialist (Signature)



Re-inspection Date: