



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: 2/24/25

| | | |
|--|-------------------------|------------------------------------|
| Facility Name: <u>Blue Pines Lodge (Roadhouse)</u> | Phone Number: _____ | PR ID # <u>2197</u> |
| Facility Site Address: <u>8296 Hwy 89</u> | City: <u>Garage</u> | Zip: _____ |
| Permit #: <u>24-040</u> | Exp Date: <u>6-1-25</u> | Permit Holder: <u>Adam Blum</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 | | | | |
| | 1. Demonstration of knowledge; food safety certification | | | |
| Food Safety Cert Name: <u>Heather Grant</u> Exp. Date: <u>2/10/26</u> | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| | 2. Communicable disease; reporting, restrictions & exclusions | | | |
| | 3. No discharge from eyes, nose, and mouth | | | |
| | 4. Proper eating, tasting, drinking or tobacco use | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| | 5. Hands clean and properly washed; gloves used properly | | | |
| | 6. Adequate handwashing facilities supplied & accessible | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| | 7. Proper hot and cold holding temperatures | | | |
| | 8. Time as a public health control; procedures & records | | | |
| | 9. Proper cooling methods | | | |
| | 10. Proper cooking time & temperatures | | | |
| | 11. Proper reheating procedures for hot holding | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| | 12. Returned and re-service of food | | | |
| | 13. Food in good condition, safe and unadulterated | | | |
| | 14. Food contact surfaces: clean and sanitized | | | |

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

| In | N/O-N/A | COS | MAJ | OUT |
|---|---|-----|-----|-----|
| SUPERVISION | | | | |
| | 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 | | | |
| | 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 | | | |

| In | N/O-N/A | COS | MAJ | 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 | | | |
| | 52. SB1383 Food Diversion Program | | | |
| | > Written contract with food recovery organizations | | | |
| | > Monthly edible foods donation records | | | |

| | |
|--|---|
| Received by (Print) <u>Brian Doyle</u> | Title _____ |
| Received by (Signature) <u>[Signature]</u> | |
| Specialist (Print) <u>Dennis Eck</u> | Specialist (Signature) <u>[Signature]</u> |
| Re-inspection Date: <u>Next Routine</u> | |

Facility Name:

River Pines Lodge (Roadhouse)

PK

FA ID # 2197

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Date of Inspection: 2/21/25

OBSERVATIONS AND CORRECTIVE ACTIONS

26) Ribs in a container thawing should have ^{cold} running water when thawing in sink.

30) Food items stored on floor in walk-in, please have food items off floor at least 6"

45) Replace back door (Dish room) door sweep to prevent pest intrusion.

Received by (Print)

Brian Doyle

Title

Received by (Signature)

[Signature]

Specialist (Print)

Dennis Fick

Specialist (Signature)

[Signature]

Re-inspection Date:

Next Quarter