



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: 4/11/25

Facility Name: <u>Plumas Club</u>	Phone Number: _____	PR ID # <u>231</u>
Facility Site Address: <u>447 W Main St.</u>	City: <u>Quincy</u>	Zip: <u>95971</u>
Permit #: <u>25-198</u>	Exp Date: <u>1/1/26</u>	Permit Holder: <u>Margorie Canady</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>Richard Folen</u> Exp. Date: _____				
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 <u>Auto Fry</u>
<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 <u>Just TABS</u>

In	N/O-N/A	COS	MAJ	OUT
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
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°</u> F
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

In	N/O-N/A	COS	MAJ	OUT
SUPERVISION				
<input checked="" type="checkbox"/>				24. Person in charge present and performs duties
PERSONAL CLEANLINESS				
<input checked="" type="checkbox"/>				25. Personal cleanliness and hair restraints
GENERAL FOOD SAFETY REQUIREMENTS				
<input checked="" type="checkbox"/>				26. Approved thawing methods used, frozen food
<input checked="" type="checkbox"/>				27. Food separated and protected
<input checked="" type="checkbox"/>				28. Washing fruits and vegetables
<input checked="" type="checkbox"/>				29. Toxic substances properly identified, stored, used
FOOD STORAGE/ DISPLAY/ SERVICE				
<input checked="" type="checkbox"/>				30. Food storage; food storage containers identified
<input checked="" type="checkbox"/>				31. Consumer self-service
<input checked="" type="checkbox"/>				32. Food properly labeled & honestly presented
EQUIPMENT/ UTENSILS/ LINENS				
<input checked="" type="checkbox"/>				33. Nonfood contact surfaces clean
<input checked="" type="checkbox"/>				34. Warewashing facilities: installed, maintained, used; test strips
<input checked="" type="checkbox"/>				35. Equipment/ Utensils approved; installed; clean; good repair, capacity
<input checked="" type="checkbox"/>				36. Equipment, utensils and linens: storage and use
<input checked="" type="checkbox"/>				37. Vending machines
<input checked="" type="checkbox"/>				38. Adequate ventilation and lighting; designated areas, use

In	N/O-N/A	COS	MAJ	OUT
<input checked="" type="checkbox"/>				39. Thermometers provided and accurate
<input checked="" type="checkbox"/>				40. Wiping cloths: properly used and stored
PHYSICAL FACILITIES				
<input checked="" type="checkbox"/>				41. Plumbing: proper backflow devices <u>Fix 3 compartment Drain</u>
<input checked="" type="checkbox"/>				42. Garbage and refuse properly disposed; facilities maintained
<input checked="" type="checkbox"/>				43. Toilet facilities: properly constructed, supplied, cleaned
<input checked="" type="checkbox"/>				44. Premises; personal/cleaning items; vermin-proofing
PERMANENT FOOD FACILITIES				
<input checked="" type="checkbox"/>				45. Floor, walls and ceilings: built, maintained, and clean
<input checked="" type="checkbox"/>				46. No unapproved private homes/ living or sleeping quarters
SIGNS/ REQUIREMENTS				
<input checked="" type="checkbox"/>				47. Signs posted; last inspection report available
COMPLIANCE & ENFORCEMENT				
<input checked="" type="checkbox"/>				48. Plan Review
<input checked="" type="checkbox"/>				49. Permits Available
<input checked="" type="checkbox"/>				50. Impoundment
<input checked="" type="checkbox"/>				51. Permit Suspension
<input checked="" type="checkbox"/>				52. SB1383 Food Diversion Program
<input checked="" type="checkbox"/>				> Written contract with food recovery organizations
<input checked="" type="checkbox"/>				> Monthly edible foods donation records

Received by (Print) <u>Garyl K. Preskitt</u>	Title _____
Received by (Signature) <u>GK Preskitt</u>	
Specialist (Print) <u>Dennis Eck</u>	Re-inspection Date <u>Next Routine</u>
Specialist (Signature) <u>[Signature]</u>	

Walk-in refrigerator is at 47-48°. Please adjust or service to maintain 41°F or below. Temperature log is recommended. or to move perishables to working fridge.