



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: 5/9/25

| | | |
|---------------------------------------------------------|------------------|------------------------------------------|
| Facility Name: GRIZZLY RANCH GOLF CLUB (THE LAKE HOUSE) | Phone Number: | PR ID # 166 |
| Facility Site Address: 250 CURBHOUSE DR | City: PARTOLLA | Zip: 96122 |
| Permit #: 25-134 | Exp Date: 5/1/26 | Permit Holder: Grizzly Ranch Golf Course |
| | | Type of Inspection: Routine |

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: Kimberly Schaff Exp. Date 1/13/30 | | | | | |
| 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 111-120 F Retested 5/1/25 | | | | | |
| LIQUID WASTE DISPOSAL Bar 120 | | | | | |
| | | | | | |
| 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 | | | | | |
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| 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 | | | | | |
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| 35. Equipment/ Utensils approved; installed; clean; good repair, capacity | | | | | |
| | | | | | |
| 36. Equipment, utensils and linens: storage and use | | | | | |
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| 37. Vending machines | | | | | |
| | | | | | |
| 38. Adequate ventilation and lighting; designated areas, use | | | | | |

| In | N/O | N/A | COS | MAJ | OUT |
|-----------------------------------------------------------------|-----|-----|-----|-----|-----|
| | | | | | |
| 39. Thermometers provided and accurate | | | | | |
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| 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 | | | | | |
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| 44. Premises; personal/cleaning items; vermin-proofing | | | | | |
| PERMANENT FOOD FACILITIES | | | | | |
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| 45. Floor, walls and ceilings: built, maintained, and clean | | | | | |
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| 46. No unapproved private homes/ living or sleeping quarters | | | | | |
| SIGNS/ REQUIREMENTS | | | | | |
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| 47. Signs posted; last inspection report available | | | | | |
| COMPLIANCE & ENFORCEMENT | | | | | |
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| 48. Plan Review | | | | | |
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| 49. Permits Available | | | | | |
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| 50. Impoundment | | | | | |
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| 51. Permit Suspension | | | | | |
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| 52. SB1383 Food Diversion Program | | | | | |
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| ➤ Written contract with food recovery organizations | | | | | |
| | | | | | |
| ➤ Monthly edible foods donation records | | | | | |

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|-----------------------------------|------------------------|
| Received by (Print) | Title |
| Received by (Signature) Joe Wirtz | Inspector |
| Specialist (Print) Dennis Eck | Specialist (Signature) |
| Re-inspection Date: Next Routine | |

Facility Name:

Grizzly Ranch Golf Club (Lake House) FA ID # _____

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Date of Inspection: 5/9/25

OBSERVATIONS AND CORRECTIVE ACTIONS

14) Bar dishwasher is low on sanitizer. Please replenish and ensure 50ppm concentration is reached.

- Corrected - Sanitizer was replenished on site.

44) Please repair tear in screen at back door of kitchen. Middle window of addition has gap on the side of the sliding screen. Please add a sweep to cover the gap to prevent pests from entering.

Received by (Print)

JOE WITTE

Title

Received by (Signature)

[Signature]

Specialist (Print)

Dennis Eck

Specialist (Signature)

[Signature]

Re-inspection Date:

Next Review