



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: 5/23/25

Facility Name: <u>SIERRA SMOKE SHOW</u>	Phone Number _____	PR ID # <u>87</u>
Facility Site Address: <u>190 BANTA ST</u>	City: <u>BLAIRESDEN</u>	Zip <u>96122</u>
Permit #: <u>25-056</u>	Exp Date: <u>2/22/26</u>	Permit Holder: <u>Andrea Tarantino/Chris Patrick</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>Chris Patrick</u> Exp. Date <u>4/18/25</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 <u>Gloves observed</u>			
	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° F</u>			
LIQUID WASTE DISPOSAL				
	22. Sewage and wastewater properly disposed			
VERMIN				
	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		
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 liners: storage and use		
37. Vending machines		
38. Adequate ventilation and lighting; designated areas, use		

39. Thermometers provided and accurate	OUT
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>Chris Patrick</u>	Title	<u>Chef/owner</u>
Received by (Signature)	<u>Chris Patrick</u>		
Specialist (Print)	<u>Dennis Ecke</u>	Specialist (Signature)	<u>SJ</u>
			Re-inspection Date: <u>Next Routine</u>

Facility Name: <u>SIERRA SMOKESHOW</u>	FA ID # _____	Pg <u>2</u> of <u>2</u> Date of Inspection: <u>5/27/25</u>
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OBSERVATIONS AND CORRECTIVE ACTIONS

1) Small fridge near restroom found @ 51-54°F. - Sauces are observed in this unit. Please throw out any perishable items in this fridge held more than 24 hours.

2) Dishwasher was not producing adequate sanitizer. Rinsing and re-running multiple times caused ~~an~~ ^{to} proper functionality and concentration. Please ensure sanitizer is working properly via test strips before washing equipment/utensils.

3) Front bar area floor sink is clogged → please have fixed before use.

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Chf/owner

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Specialist (Print)

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