



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: 6/5/25

Facility Name: <u>LAKE ARROWHEAD COUNTRY CLUB</u>	Phone Number: _____	PR ID # <u>255</u>
Facility Site Address: <u>951 Cuffaro</u>	City: <u>LAKE ARROWHEAD</u>	Zip: _____
Permit #: <u>25-202</u>	Exp Date: <u>11/1/25</u>	Permit Holder: <u>L.A.C.C.</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				
<input checked="" type="checkbox"/>				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>Dennis Mader</u> Exp. Date: <u>6/30/26</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				

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				
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				
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) Kathryn L. Bruns Title _____

Received by (Signature) Kathryn L. Bruns

Specialist (Print) PAT SAUNDERS Specialist (Signature) [Signature]

Re-inspection Date: _____

Facility Name:

Lake Arrowhead Country Club

FA ID # 235

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Date of Inspection: 6/5/25

OBSERVATIONS AND CORRECTIVE ACTIONS

6. - KITCHEN AREA

6. PROVIDE A MOUNTED PAPER TOWEL DISPENSER @ ALL SINKS WHERE HAND WASHING OCCURS

- BAR AREA

6. HAND WASH SINK NOT OPERATIONAL @ TIME OF INSPECTION. REPAIR & PROVIDE HANDWASH SINK, SERVICE SOAP & PAPER TOWELS

27. REMOVE ALL POOR SPOUTS & REPLACE W/ APPROVED TYPE, SLEEVED OR BALL BEARING, TO PREVENT VECTOR PROLIFERATION / CONTAMINATION.

Received by (Print)

Kathryn L. Beuns

Title

Received by (Signature)

Kathryn L. Beuns

Specialist (Print)

PAT SANDERS

Specialist (Signature)

[Signature]

Re-inspection Date: