



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 Almanor Country Club</u>	Phone Number _____	PR ID # <u>255</u>
Facility Site Address: <u>951 Crossover</u>	City: <u>Lake Almanor</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>Debbie Mason</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			
	6. Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>
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			

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		<input checked="" type="checkbox"/>
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		

		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>Kathryn L Bruns</u>	Title
Received by (Signature)	<u>Kathryn L Bruns</u>	
Specialist (Print)	<u>Pat Savoers</u>	Specialist (Signature) <u>H. Savoers</u>
		Re-inspection Date:

Facility Name: <u>Lake Arrowhead Country Club</u>	FA ID # <u>235</u>	Pg <u>2</u> of <u>2</u> Date of Inspection: <u>6/5/25</u>
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OBSERVATIONS AND CORRECTIVE ACTIONS

6. - KITCHEN AREA

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

- BAR AREA

6. HAND WASH SINK NOT OPERATIONAL @ TIME OF INSPECTION. REPAIR & PROVOS HAND WASH SINGLE SERVICE SOAP & PAPER TOWELS

27. REMOVE ALL POUR SPOUTS & REPLACE W/ APPROVED TYPE, SCREENED OR BALL BEARING, TO PREVENT VECTOR ADULTERATION / CONTAMINATION.

Received by (Print) Kathryn L. Beuks Title

Received by (Signature) Kathryn L. Beuks

Specialist (Print) PAT SANDERS Specialist (Signature) H. H. H.

Re-inspection Date: