



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: 6/30/25

|   |                         |   |
|---|-------------------------|---|
| Facility Name: <i>Two Rivers Spur Camp</i>      | Phone Number: _____     | PR ID #: <i>280</i>                     |
| Facility Site Address: <i>520 Two Rivers Rd</i> | City: <i>Crowley</i>    | Zip: _____                              |
| Permit #: <i>25-246</i>                         | Exp Date: <i>5/1/26</i> | Permit Holder: <i>RICK SCHWENDINGER</i> |
| Type of Inspection: <i>routine</i>              |                         |   |

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 |
|---|---------|-----|-----|-----|
| <b>DEMONSTRATION OF KNOWLEDGE</b>                                     |         |     |     |     |
| 1. Demonstration of knowledge; food safety certification              |         |     |     |     |
| Food Safety Cert. Name: <i>Israel Therk</i> Exp. Date: <i>9/19/27</i> |         |     |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>                       |         |     |     |     |
| 2. Communicable disease; reporting, restrictions & exclusions         |         |     |     |     |
| 3. No discharge from eyes, nose, and mouth                            |         |     |     |     |
| 4. Proper eating, tasting, drinking or tobacco use                    |         |     |     |     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>                              |         |     |     |     |
| 5. Hands clean and properly washed; gloves used properly              |         |     |     |     |
| 6. Adequate handwashing facilities supplied & accessible              |         |     |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>                             |         |     |     |     |
| 7. Proper hot and cold holding temperatures <i>colabosened</i>        |         |     |     |     |
| 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                       |         |     |     |     |
| <b>PROTECTION FROM CONTAMINATION</b>                                  |         |     |     |     |
| 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 |
|---|---------|-----|-----|-----|
| <b>FOOD FROM APPROVED SOURCES</b>   |         |     |     |     |
| 15. Food obtained from approved source  |         |     |     |     |
| 16. Compliance with shell stock tags, condition, display                                    |         |     |     |     |
| 17. Compliance with Gulf Oyster Regulations   |         |     |     |     |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b>   |         |     |     |     |
| 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |         |     |     |     |
| <b>CONSUMER ADVISORY</b>  |         |     |     |     |
| 19. Consumer advisory provided for raw or undercooked foods                                 |         |     |     |     |
| <b>HIGHLY SUSCEPTIBLE POPULATIONS</b>   |         |     |     |     |
| 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |         |     |     |     |
| <b>WATER/HOT WATER</b>  |         |     |     |     |
| 21. Hot and cold water available Temp: <i>115</i> F   |         |     |     |     |
| <b>LIQUID WASTE DISPOSAL</b>  |         |     |     |     |
| 22. Sewage and wastewater properly disposed   |         |     |     |     |
| <b>VERMIN</b>   |         |     |     |     |
| 23. No rodents, insects, birds, or animals  |         |     |     |     |

| <b>SUPERVISION</b>  |  | OUT |
|---|--|-----|
| 24. Person in charge present and performs duties                          |  |     |
| <b>PERSONAL CLEANLINESS</b>   |  |     |
| 25. Personal cleanliness and hair restraints                              |  |     |
| <b>GENERAL FOOD SAFETY REQUIREMENTS</b>                                   |  |     |
| 26. Approved thawing methods used, frozen food                            |  |     |
| 27. Food separated and protected  |  |     |
| 28. Washing fruits and vegetables   |  |     |
| 29. Toxic substances properly identified, stored, used                    |  |     |
| <b>FOOD STORAGE/ DISPLAY/ SERVICE</b>                                     |  |     |
| 30. Food storage; food storage containers identified                      |  |     |
| 31. Consumer self-service   |  |     |
| 32. Food properly labeled & honestly presented                            |  |     |
| <b>EQUIPMENT/ UTENSILS/ LINENS</b>  |  |     |
| 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                     |  |     |
| <b>PHYSICAL FACILITIES</b>                                      |  |     |
| 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          |  |     |
| <b>PERMANENT FOOD FACILITIES</b>                                |  |     |
| 45. Floor, walls and ceilings: built, maintained, and clean     |  |     |
| 46. No unapproved private homes/ living or sleeping quarters    |  |     |
| <b>SIGNS/ REQUIREMENTS</b>                                      |  |     |
| 47. Signs posted; last inspection report available              |  |     |
| <b>COMPLIANCE &amp; ENFORCEMENT</b>                             |  |     |
| 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)     | <i>LYNDA BOYDEN</i> | Title                                | <i>owner/director</i> |
| Received by (Signature) | <i>Lynd Boyden</i>  |                                      |                       |
| Specialist (Print)      | <i>MWS</i>          | Specialist (Signature)               | <i>Wm. S. Boyden</i>  |
|                         |                     | Re-inspection Date: <i>not metne</i> |                       |

Facility Name: Two Rivers Sports Camp

FA ID # \_\_\_\_\_

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Date of Inspection:

OBSERVATIONS AND CORRECTIVE ACTIONS

#21 Sink temps observed @ 115 F. Please adjust to have temp at 130 F.

#34 Dishwasher not sanitizing when run. Please use a 100 ppm sanitizing in 3 compartment sink for a final dip, and air dry until dishwasher is repaired to sanitize at 50 ppm chlorine.

Received by (Print)

LYNDA Boyden  
Lyaen B

Title

Owner / Director

Received by (Signature)

Specialist (Print)

Maria Solomon  
Maria plam

Specialist (Signature)

Re-inspection Date:

not meeting