



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

Date of Inspection: 12 Dec 18

Facility Name: BLACKBERRY INN Phone Number: (839) 242-6058 PR ID #: 435
 Facility Site Address: 716 Lower Main St City: CLIO Zip: 96106
 Permit #: 18-390 Exp Date: 9/29/19 Permit Holder: CHEYL ANTHON 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					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name:		Exp. Date			
<u>CHEYL ANTHON</u>		<u>9/7/20</u>			
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Time as a public health control; procedures & records			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Proper cooling methods			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12. Returned and re-service of food			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	15. Food obtained from approved source			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition, display			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21. Hot and cold water available			
		Temp <u>72.0°F</u>			
LIQUID WASTE DISPOSAL					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed			
VERMIN					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals			

	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	
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	

Received by (Print) Cheryl Arthur Title _____
 Received by (Signature) Cheryl Arthur
 Specialist (Print) Asst R. Bennett Specialist (Signature) _____ Re-inspection Date: 2/6/2019