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: __6/22/18__

Facility Name: __SIERRA SKY LODGE__   Phone Number __836-2344__   PR ID # __499__
Facility Site Address: __58585 HWY 70__   City: __CROMBERG__   Zip ____
Permit #: __18-156894__   Exp Date: __7/1/19__   Permit Holder: __WENDY YATES__

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			
✓		1. Demonstration of knowledge; food safety certification	▨		
		Food Safety Cert Name: WENDY YATES Exp. Date 11/12/19			
		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			
	▨	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 ____			
		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 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) __WENDY YATES__   Title __OWNER__

Received by (Signature) __Wendy Yates__

Specialist (Print) __Jerry Sipe__   Specialist (Signature) ____   Re-inspection Date: __NEXT ROUTINE__