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: _4 SEP 19_

LAKE HOUSE

Facility Name: _GRIZZLY RANCH CLUB_   Phone Number _832-1800_   PR ID # _166_
Facility Site Address: _2501 CLUB HOUSE_   City: _Portola_   Zip _96122_
Permit #: _19-134 food_   Exp Date: _5/25/20_   Permit Holder: _GRIZZLY RANCH GOLF CLUB_

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			X
		Food Safety Cert Name: — PENDING — Exp. Date			
		EMPLOYEE HEALTH & HYGIENIC PRACTICES			
X		2. Communicable disease; reporting, restrictions & exclusions			
X		3. No discharge from eyes, nose, and mouth			
X		4. Proper eating, tasting, drinking or tobacco use			
		PREVENTING CONTAMINATION BY HANDS			
X		5. Hands clean and properly washed; gloves used properly			
X		6. Adequate handwashing facilities supplied & accessible			
		TIME AND TEMPERATURE RELATIONSHIPS			
X		7. Proper hot and cold holding temperatures			
	X	8. Time as a public health control; procedures & records			
X		9. Proper cooling methods			
X		10. Proper cooking time & temperatures			
X		11. Proper reheating procedures for hot holding			
		PROTECTION FROM CONTAMINATION			
X		12. Returned and re-service of food			
X		13. Food in good condition, safe and unadulterated			
X		14. Food contact surfaces: clean and sanitized			

In	N/O-N/A		COS	MAJ	OUT
		FOOD FROM APPROVED SOURCES			
X		15. Food obtained from approved source			
	X	16. Compliance with shell stock tags, condition, display			
	X	17. Compliance with Gulf Oyster Regulations			
		CONFORMANCE WITH APPROVED PROCEDURES			
	X	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
		CONSUMER ADVISORY			
	X	19. Consumer advisory provided for raw or undercooked foods			
		Highly Susceptible Populations			
	X	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
		WATER/HOT WATER			
		21. Hot and cold water available Temp _109%_			X
		LIQUID WASTE DISPOSAL			
X		22. Sewage and wastewater properly disposed			
		VERMIN			
X		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	X
	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	X
	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) _Lisa Mindach_   Title _STAFF_

Received by (Signature) _Lisa Mindach_

Specialist (Print) _Rob Robinette_   Specialist (Signature)

Re-inspection Date: _26105_

OBSERVATIONS AND CORRECTIVE ACTIONS

#1) SUBMIT A COPY OF THE CERTIFIED FOOD HANDLER AS SOON AS POSSIBLE

- ENSURE ALL FOOD HANDLERS HAVE NEITHER A CA FOOD HANDLER CARD OR A FOOD CERTIFICATION

27) INCREASE THE HOT WATER TEMPERATURE TO 120°F (FOUND AT 109°F)

#34) WAREWASHER REPAIRED AT TIME OF INSPECTION to provide 50 ppm Cl_2 AT FINAL RINSE.

- PROVIDE DRAIN BOARDS AT THE ENTRY AND EXIT OF THE NEW DISHWASHER.

#41) REPAIR THE LEAKING DRAIN LINE UNDER THE 3- COMPARTMENT SINK AND REMOVE THE BUCKET FROM BELOW THE SINK.

Received by (Print)   Title

Received by (Signature)

Specialist (Print) Rob   Specialist (Signature)   Re-inspection Date: