PLUMAS COUNTY
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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: **5/10/24**

Facility Name: **NAKOMA ASSOCIATES, LP (FIFTY N4)**   Phone Number _____
Facility Site Address: **348 Bear Run**   City: **CLIO**   Zip **96106**

PR ID # **494**

Permit #: **23-036**   Exp Date: **6/1/24**   Permit Holder: **Nakoma Associates LP**

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: **Eden Brooke Miller** Exp. Date **4/23/28**			
		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 **200ppm**			

		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 **125°F**			
		LIQUID WASTE DISPOSAL			
✓		22. Sewage and wastewater properly disposed			
		VERMIN			
✓		23. No rodents, insects, birds, or animals			

In	N/O-N/A		COS	MAJ	OUT

		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) **Nicholas Hagman**   Title _____

Received by (Signature) _____

Specialist (Print) **Dennis Cole**   Specialist (Signature) _____

Re-inspection Date: **Next Routine**

Great Sanitation observed   Thanks.