



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: 6/5/15

Facility Name: The Biscuit House Phone Number 258-3338 PR ID # 85
 Facility Site Address: 112 Main City: CHESTER Zip 96020
 Permit #: _____ Exp Date: _____ Permit Holder: _____
 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:		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				
X	/			
21. Hot and cold water available Temp <u>120 F +</u>				
LIQUID WASTE DISPOSAL				
X	/			
22. Sewage and wastewater properly disposed				
VERMIN				
X	/			
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) Eva Laboda Title _____
 Received by (Signature) Eva Laboda
 Specialist (Print) Pat Sanders Specialist (Signature) [Signature] Re-inspection Date: _____

Facility Name:

TITLE Bidwell House

FA ID #

885

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Date of Inspection:

6/5/15

OBSERVATIONS AND CORRECTIVE ACTIONS

1. PER OWNER FOOD SAFETY CERTIFICATION EXAM WAS TAKEN 2 WEEKS
AGO, NO CERTIFICATION OBTAINED AS OF THIS DATE. ONLY RECEIVED
COPY OF CERTIFICATION TO BE SENT TO G.H.

Received by (Print)

Eva Laboda

Title

Received by (Signature)

Eva Laboda

Specialist (Print)

PAT SANDERS

Specialist (Signature)

[Signature]

Re-inspection Date: