



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

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Date of Inspection: 11/8/2019

Facility Name: <u>Chevron - Chester</u>	Phone Number <u>258-2717</u>	PR ID # <u>105</u>
Facility Site Address: <u>225 Main St.</u>	City: <u>Chester</u>	Zip. <u>96070</u>
Permit #: <u>19-073 F</u>	Exp Date: <u>4/11/2020</u>	Permit Holder: <u>Harpreet Singh</u>
		Type of Inspection: <u>ROUTINE</u>

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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
Food Safety Cert Name: <u>NON-PREP</u> Exp. Date				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/> 2. Communicable disease; reporting, restrictions & exclusions <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 3. No discharge from eyes, nose, and mouth <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 4. Proper eating, tasting, drinking or tobacco use <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/> 7. Proper hot and cold holding temperatures <input checked="" type="checkbox"/> <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"/>				
<input checked="" type="checkbox"/> 9. Proper cooling methods <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 10. Proper cooking time & temperatures <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 11. Proper reheating procedures for hot holding <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/> 12. Returned and re-service of food <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 13. Food in good condition, safe and unadulterated <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 14. Food contact surfaces: clean and sanitized <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
<input checked="" type="checkbox"/> 15. Food obtained from approved source <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 16. Compliance with shell stock tags, condition, display <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> 17. Compliance with Gulf Oyster Regulations <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<b>Highly Susceptible Populations</b>				
<input checked="" type="checkbox"/> 20. Licensed health care facilities/ public & private schools; prohibited foods not offered <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<b>WATER/HOT WATER</b>				
<input checked="" type="checkbox"/> 21. Hot and cold water available Temp <u>120°F</u> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<b>LIQUID WASTE DISPOSAL</b>				
<input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
<b>VERMIN</b>				
<input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				

<b>SUPERVISION</b>		OUT
24. Person in charge present and performs duties		<input checked="" type="checkbox"/>
<b>PERSONAL CLEANLINESS</b>		
25. Personal cleanliness and hair restraints		<input checked="" type="checkbox"/>
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		
26. Approved thawing methods used, frozen food		<input checked="" type="checkbox"/>
27. Food separated and protected		<input checked="" type="checkbox"/>
28. Washing fruits and vegetables		<input checked="" type="checkbox"/>
29. Toxic substances properly identified, stored, used		<input checked="" type="checkbox"/>
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>		
30. Food storage; food storage containers identified		<input checked="" type="checkbox"/>
31. Consumer self-service		<input checked="" type="checkbox"/>
32. Food properly labeled & honestly presented		<input checked="" type="checkbox"/>
<b>EQUIPMENT/ UTENSILS/ LINENS</b>		
33. Nonfood contact surfaces clean		<input checked="" type="checkbox"/>
34. Warewashing facilities: installed, maintained, used; test strips		<input checked="" type="checkbox"/>
35. Equipment/ Utensils approved; installed; clean; good repair, capacity		<input checked="" type="checkbox"/>
36. Equipment, utensils and linens: storage and use		<input checked="" type="checkbox"/>
37. Vending machines		<input checked="" type="checkbox"/>
38. Adequate ventilation and lighting; designated areas, use		<input checked="" type="checkbox"/>

OUT	
39. Thermometers provided and accurate	
40. Wiping cloths: properly used and stored	
<b>PHYSICAL FACILITIES</b>	
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	
<b>PERMANENT FOOD FACILITIES</b>	
45. Floor, walls and ceilings: built, maintained, and clean	
46. No unapproved private homes/ living or sleeping quarters	
<b>SIGNS/ REQUIREMENTS</b>	
47. Signs posted; last inspection report available	
<b>COMPLIANCE &amp; ENFORCEMENT</b>	
48. Plan Review	
49. Permits Available	
50. Impoundment	
51. Permit Suspension	

Received by (Print) <u>Joe</u>	Title <u>mg/l</u>
Received by (Signature) <u>B</u>	
Specialist (Print) <u>Eric Cause</u>	Specialist (Signature) <u>Dohar</u>
Re-inspection Date: <u>next routine</u>	