



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

pg 1 of 1

Date of Inspection: 11/18/21

| | | |
|---|------------------------------|---|
| Facility Name: <u>CHESTER MINI MART</u> | Phone Number <u>258-3500</u> | PR ID # <u>203</u> |
| Facility Site Address: <u>303 MAIN</u> | City: <u>CHESTER</u> | Zip <u>96020</u> |
| Permit #: <u>21-170</u> | Exp Date: <u>12/20/22</u> | Permit Holder: <u>TE 16 Chester Props</u> |
| Type of Inspection: <u>SPECIAL</u> | | |

See reverse side for the code sections and general requirements that correspond to each violation listed below **ROUTINE**

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 | | | | | |
| X | | 1. Demonstration of knowledge; food safety certification | | | |
| Food Safety Cert Name: <u>Charlene Mays</u> | | Exp. Date <u>4/28/22</u> | | | |
| X | | 2. All food handlers have valid Food Handler Cards | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | |
| X | | 3. Communicable disease; reporting, restrictions & exclusions | | | |
| X | | 4. No discharge from eyes, nose, and mouth | | | |
| X | | 5. Proper eating, tasting, drinking or tobacco use | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | | |
| X | | 6. Hands clean and properly washed; gloves used properly | | | |
| X | | 7. Adequate handwashing facilities supplied & accessible | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | |
| X | | 8. Proper hot and cold holding temperatures | | | |
| X | | 9. Time as a public health control; procedures & records | | | |
| X | | 10. Proper cooling methods | | | |
| X | | 11. Proper cooking time & temperatures | | | |
| X | | 12. Proper reheating procedures for hot holding | | | |
| PROTECTION FROM CONTAMINATION | | | | | |
| X | | 13. Retumed and re-service of food | | | |
| X | | 14. Food in good condition, safe and unadulterated | | | |
| X | | 15. Food contact surfaces: clean and sanitized | | | |

| In | N/O/N/A | | COS | MAJ | OUT |
|-------------------------------------|---------|---|-----|-----|-----|
| FOOD FROM APPROVED SOURCES | | | | | |
| X | | 16. Food obtained from approved source | | | |
| CORONAVIRUS GUIDANCE IMPLEMENTATION | | | | | |
| X | | 17. Takeout, Curbside Pickup, or Delivery Only | | | |
| X | | 18. Social Distancing Implemented | | | |
| X | | 19. Face Covering Used | | | |
| 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 | | | |
| LIQUID WASTE DISPOSAL | | | | | |
| X | | 22. Sewage and wastewater properly disposed | | | |
| VERMIN | | | | | |
| X | | 23. No rodents, insects, birds, or animals | | | |

FOOD SAFETY AND CORONAVIRUS (COVID-19) SPECIAL INSPECTION OBSERVATIONS

Received by (Print)

Charlene Mays

Title

Manager

Email:

charliedel burgers@yahoo.com

Specialist (Print)

PAT SANDERS

Specialist (Signature)

Pat Sanders

Re-inspection Date: