



Date of Inspection: 5/6/15

Facility Name: Service Nutrition - Chester Phone Number: 394-7636 PR ID # 260
 Facility Site Address: 366 Meadow Loop City: CHESTER Zip: 96020
 Permit #: _____ Exp Date: 12/1/15 Permit Holder: Plumas Co Regul. Health 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	In	N/O-N/A	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE					FOOD FROM APPROVED SOURCES				
X					X				
1. Demonstration of knowledge: food safety certification					15. Food obtained from approved source				
Food Safety Cert Name: <u>Susan Booth</u> Exp. Date: <u>10/9/15</u>					16. Compliance with shell stock tags, condition, display				
EMPLOYEE HEALTH & HYGIENIC PRACTICES					17. Compliance with Gulf Oyster Regulations				
X					CONFORMANCE WITH APPROVED PROCEDURES				
2. Communicable disease; reporting, restrictions & exclusions					18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
X					CONSUMER ADVISORY				
X					19. Consumer advisory provided for raw or undercooked foods				
3. No discharge from eyes, nose, and mouth					Highly Susceptible Populations				
X					20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
X					WATER/HOT WATER				
4. Proper eating, tasting, drinking or tobacco use					21. Hot and cold water available Temp <u>120°F +</u>				
PREVENTING CONTAMINATION BY HANDS					LIQUID WASTE DISPOSAL				
X					22. Sewage and wastewater properly disposed				
X					VERMIN				
5. Hands clean and properly washed; gloves used properly					23. No rodents, insects, birds, or animals				
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									

SUPERVISION				OUT					OUT
24. Person in charge present and performs duties					39. Thermometers provided and accurate				
PERSONAL CLEANLINESS					40. Wiping cloths: properly used and stored				
25. Personal cleanliness and hair restraints					PHYSICAL FACILITIES				
GENERAL FOOD SAFETY REQUIREMENTS					41. Plumbing: proper backflow devices				
26. Approved thawing methods used, frozen food					42. Garbage and refuse properly disposed; facilities maintained				
27. Food separated and protected					43. Toilet facilities: properly constructed, supplied, cleaned				
28. Washing fruits and vegetables					44. Premises; personal/cleaning items: vermin-proofing				
29. Toxic substances properly identified, stored, used					PERMANENT FOOD FACILITIES				
FOOD STORAGE/ DISPLAY/ SERVICE					45. Floor, walls and ceilings: built, maintained, and clean				
30. Food storage: food storage containers identified					46. No unapproved private homes/ living or sleeping quarters				
31. Consumer self-service					SIGNS/ REQUIREMENTS				
32. Food properly labeled & honestly presented					47. Signs posted; last inspection report available				
EQUIPMENT/ UTENSILS/ LINENS					COMPLIANCE & ENFORCEMENT				
33. Nonfood contact surfaces clean					48. Plan Review				
34. Warewashing facilities: installed, maintained, used; test strips					49. Permits Available				
35. Equipment/ Utensils approved; installed; clean; good repair; capacity					50. Impoundment				
36. Equipment, utensils and linens: storage and use					51. Permit Suspension				
37. Vending machines									
38. Adequate ventilation and lighting; designated areas, use									

Received by (Print) Rod Merriman Title _____
 Received by (Signature) [Signature]
 Specialist (Print) Pat Sanders Specialist (Signature) [Signature] Re-inspection Date: _____

Facility Name: Senior Norman-Crestor

FA ID # 260

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OBSERVATIONS AND CORRECTIVE ACTIONS

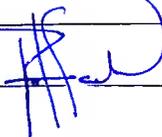
1. NGSW SENIOR SAFE CERTIFIED GRANTEE: ROD MERRIMAN
CERT # 10668034, EXPIRES 1/10/19

Received by (Print) Rod Merriman

Title

Received by (Signature) 

Specialist (Print) Pat Sanders

Specialist (Signature) 

Re-inspection Date: