



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: 7/27/15

Facility Name: Mi Casita - Chester Phone Number: 258-1879 PR ID # _____
 Facility Site Address: 635 MAIN City: CHESTER Zip: 96020
 Permit #: 15-13286X Exp Date: 2/1/16 Permit Holder: MANGUEZ - FLORES PARTNERSHIP Type of Inspection: ROUTING

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				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>FRANCO PACHECO</u> Exp. Date: <u>2/10/19</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
2. Communicable disease; reporting, restrictions & exclusions				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
3. No discharge from eyes, nose, and mouth				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
4. Proper eating, tasting, drinking or tobacco use				
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
5. Hands clean and properly washed; gloves used properly				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
6. Adequate handwashing facilities supplied & accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
7. Proper hot and cold holding temperatures				
<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"/>
9. Proper cooling methods				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
10. Proper cooking time & temperatures				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
11. Proper reheating procedures for hot holding				
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
12. Returned and re-service of food				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
13. Food in good condition, safe and unadulterated				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
14. Food contact surfaces: clean and sanitized				

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

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

In	N/O-N/A	COS	MAJ	OUT
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
39. Thermometers provided and accurate				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
40. Wiping cloths: properly used and stored				
PHYSICAL FACILITIES				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
41. Plumbing: proper backflow devices				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
42. Garbage and refuse properly disposed; facilities maintained				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
43. Toilet facilities: properly constructed, supplied, cleaned				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
44. Premises: personal/cleaning items; vermin-proofing				
PERMANENT FOOD FACILITIES				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
45. Floor, walls and ceilings: built, maintained, and clean				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
46. No unapproved private homes/ living or sleeping quarters				
SIGNS/ REQUIREMENTS				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
47. Signs posted; last inspection report available				
COMPLIANCE & ENFORCEMENT				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
48. Plan Review				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
49. Permits Available				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
50. Impoundment				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
51. Permit Suspension				

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

Facility Name:

M. CASITA - CHESTER

FA ID #

Pg 2 of 2

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OBSERVATIONS AND CORRECTIVE ACTIONS

6. PROVIDE SINGLE SERVICE PAPER TOWELS @ ALL HANDWASH SINKS.
NO PAPER TOWELS AVAILABLE @ KITCHEN HAND WASH SINK @ TIME
OF INSPECTION.

27. COVER ALL FOODS IN THE WALK-IN REFRIGERATION UNIT

33. CLEAN ALL CRACKS & CREVICES BETWEEN EQUIPMENT, @
ELECTRICAL CONDUITS ETC IN PREP AREA ON A ROUTINE BASIS

OVERALL CLEANLINESS NEEDS IMPROVEMENT

ALL TEMPERATURES GOOD @ TIME OF INSPECTION

Received by (Print)

Angeles Pacheco

Title

Received by (Signature)

Angeles Pacheco

Specialist (Print)

PAT SANDERS

Specialist (Signature)

[Signature]

Re-inspection Date: