



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 2

Date of Inspection: 10/10/18

|  |                              |                                    |
|--|------------------------------|------------------------------------|
| Facility Name: <u>CHESTER SHELL</u>    | Phone Number <u>258-3597</u> | PR ID # <u>109</u>                 |
| Facility Site Address: <u>314 Main</u> | City: <u>CHESTER</u>         | Zip <u>96020</u>                   |
| Permit #: <u></u>                      | Exp Date: <u></u>            | Permit Holder: <u></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      |     |     |                                     |
| <b>Food Safety Cert Name: <u>NESSA RICKET</u> Exp. Date <u>5/1/22</u></b> |   |     |     |                                     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>                           |   |     |     |                                     |
| <input checked="" type="checkbox"/>                                       | 2. Communicable disease; reporting, restrictions & exclusions |     |     |                                     |
| <input checked="" type="checkbox"/>                                       | 3. No discharge from eyes, nose, and mouth                    |     |     |                                     |
| <input checked="" type="checkbox"/>                                       | 4. Proper eating, tasting, drinking or tobacco use            |     |     |                                     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>                                  |   |     |     |                                     |
| <input checked="" type="checkbox"/>                                       | 5. Hands clean and properly washed; gloves used, properly     |     |     |                                     |
|   | 6. Adequate handwashing facilities supplied & accessible      |     |     | <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"/>                                       | 8. Time as a public health control; procedures & records      |     |     |                                     |
| <input checked="" type="checkbox"/>                                       | 9. Proper cooling methods                                     |     |     |                                     |
| <input checked="" type="checkbox"/>                                       | 10. Proper cooking time & temperatures                        |     |     |                                     |
| <input checked="" type="checkbox"/>                                       | 11. Proper reheating procedures for hot holding               |     |     |                                     |
| <b>PROTECTION FROM CONTAMINATION</b>                                      |   |     |     |                                     |
| <input checked="" type="checkbox"/>                                       | 12. Returned and re-service of food                           |     |     |                                     |
| <input checked="" type="checkbox"/>                                       | 13. Food in good condition, safe and unadulterated            |     |     |                                     |
| <input checked="" type="checkbox"/>                                       | 14. Food contact surfaces: clean and sanitized                |     |     |                                     |

| 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"/>         | 16. Compliance with shell stock tags, condition, display                                    |     |     |     |
| <input checked="" type="checkbox"/>         | 17. Compliance with Gulf Oyster Regulations   |     |     |     |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b> |   |     |     |     |
| <input checked="" type="checkbox"/>         | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |     |     |     |
| <b>CONSUMER ADVISORY</b>                    |   |     |     |     |
| <input checked="" type="checkbox"/>         | 19. Consumer advisory provided for raw or undercooked foods                                 |     |     |     |
| <b>Highly Susceptible Populations</b>       |   |     |     |     |
| <input checked="" type="checkbox"/>         | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |     |     |     |
| <b>WATER/HOT WATER</b>                      |   |     |     |     |
| <input checked="" type="checkbox"/>         | 21. Hot and cold water available  |     |     |     |
| Temp <u>130°F+</u>                          |   |     |     |     |
| <b>LIQUID WASTE DISPOSAL</b>                |   |     |     |     |
| <input checked="" type="checkbox"/>         | 22. Sewage and wastewater properly disposed   |     |     |     |
| <b>VERMIN</b>                               |   |     |     |     |
| <input checked="" type="checkbox"/>         | 23. No rodents, insects, birds, or animals  |     |     |     |

|   | <b>SUPERVISION</b> | OUT                                 |
|---|--------------------|-------------------------------------|
| 24. Person in charge present and performs duties                          |                    |                                     |
| <b>PERSONAL CLEANLINESS</b>   |                    |                                     |
| 25. Personal cleanliness and hair restraints                              |                    |                                     |
| <b>GENERAL FOOD SAFETY REQUIREMENTS</b>                                   |                    |                                     |
| 26. Approved thawing methods used, frozen food                            |                    |                                     |
| 27. Food separated and protected  |                    |                                     |
| 28. Washing fruits and vegetables   |                    |                                     |
| 29. Toxic substances properly identified, stored, used                    |                    |                                     |
| <b>FOOD STORAGE/ DISPLAY/ SERVICE</b>                                     |                    |                                     |
| 30. Food storage; food storage containers identified                      |                    |                                     |
| 31. Consumer self-service   |                    |                                     |
| 32. Food properly labeled & honestly presented                            |                    |                                     |
| <b>EQUIPMENT/ UTENSILS/ LINENS</b>  |                    |                                     |
| 33. Nonfood contact surfaces clean  |                    |                                     |
| 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  |                    |                                     |
| 38. Adequate ventilation and lighting; designated areas, use              |                    |                                     |

|   |     |
|---|-----|
| 39. Thermometers provided and accurate                          | OUT |
| 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>BILL A</u>       | Title                  |
| Received by (Signature) |                     |                        |
| Specialist (Print)      | <u>PAT SAUNDERS</u> | Specialist (Signature) |

|                     |                 |
|---------------------|-----------------|
| Re-inspection Date: | <u>10/10/18</u> |
|---------------------|-----------------|

|                                     |                    |  |
|-------------------------------------|--------------------|--|
| Facility Name: <u>CHESTER SHELL</u> | FA ID # <u>109</u> | Pg <u>2</u> of <u>2</u><br>Date of Inspection: <u>12/10/18</u> |
|-------------------------------------|--------------------|--|

#### OBSERVATIONS AND CORRECTIVE ACTIONS

6. RESTOCK PAPER TOWELS @ 3-compartment sink & Restroom Handwash sink. SINKS TO BE SUPPLIED w/ SINGLE SERVICE SOAP & PAPER TOWELS @ ALL TIMES.

33. CLEAN COUNTER w/ COFFEE POTS ETC. COFFEE HAS SPILLED & DRIED ON COUNTER @ TIME OF INSPECTION.

35. CLEAN INSIDE & OUTSIDE OF ALL EQUIPMENT IMMEDIATELY & ON A ROUTINE BASIS THEREAFTER. SIGNIFICANT AMOUNT OF DEBRIS & BUILD UP ON SODA & COFFEE MACHINES, MICROWAVE @ TIME OF INSPECTION.

49. OBTAIN & POST CURRENT & JAWA HEALTH PERMIT IMMEDIATELY

|                                       |   |                     |
|---------------------------------------|---|---------------------|
| Received by (Print)                   | <u>BICLA</u>                              | Title               |
| Received by (Signature)               |   |                     |
| Specialist (Print) <u>PAT SANDERS</u> | Specialist (Signature) <u>[Signature]</u> | Re-inspection Date: |