



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: 3/14/19

Facility Name: <u>M. CASITA</u>	Phone Number <u>258-1879</u>	PR ID # <u>156</u>
Facility Site Address: <u>686 MAIN</u>	City: <u>CHESTER</u>	Zip <u>96020</u>
Permit #: <u>19-123</u>	Exp Date: <u>2/1/20</u>	Permit Holder: <u>MARQUEZ-FLORES</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
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification	<input checked="" type="checkbox"/>		
Food Safety Cert Name: <u>Franco PACHECO</u> Exp. Date <u>2/10/20</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<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	<input checked="" type="checkbox"/>		
PREVENTING CONTAMINATION BY HANDS				
<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	<input checked="" type="checkbox"/>		
TIME AND TEMPERATURE RELATIONSHIPS				
<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	<input checked="" type="checkbox"/>		
PROTECTION FROM CONTAMINATION				
<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	<input checked="" type="checkbox"/>		

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

SUPERVISION		OUT
24. Person in charge present and performs duties		<input checked="" type="checkbox"/>
PERSONAL CLEANLINESS		<input checked="" type="checkbox"/>
25. Personal cleanliness and hair restraints		<input checked="" type="checkbox"/>
GENERAL FOOD SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>
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"/>
FOOD STORAGE/ DISPLAY/ SERVICE		<input checked="" type="checkbox"/>
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"/>
EQUIPMENT/ UTENSILS/ LINENS		<input checked="" type="checkbox"/>
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	
PHYSICAL FACILITIES	
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	
PERMANENT FOOD FACILITIES	
45. Floor, walls and ceilings: built, maintained, and clean	
46. No unapproved private homes/ living or sleeping quarters	
SIGNS/ REQUIREMENTS	
47. Signs posted; last inspection report available	
COMPLIANCE & ENFORCEMENT	
48. Plan Review	
49. Permits Available	
50. Impoundment	
51. Permit Suspension	

Received by (Print) <u>Esmeralda Lopez</u>	Title
Received by (Signature) <u>E. Lopez</u>	
Specialist (Print) <u>Pat Sanders</u>	Specialist (Signature) <u>H. Hall</u>
Re-inspection Date:	

Facility Name: Mi CASITA

FAID # 156

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OBSERVATIONS AND CORRECTIVE ACTIONS

33. CLEAN ALL RACKS & COUNTERS, UNDER EQUIPMENT IMMEDIATELY & ON A ROUTINE BASIS THEREAFTER TO ENSURE / PREVENT FOOD, GREASE & DUST ACCUMULATION. - CONTINUING VIOLATION.

34. DISHWASHER NOT SANITIZING @ TIME OF INSPECTION. SERVICE UNIT IMMEDIATELY TO ENSURE PROPER SANITIZER LEVEL. UNTIL UNIT IS REPAIRED UNIT CAN BE USED TO WASH & RINSE DISHES THEN MANUALLY SANITIZE IN SINK @ 100 PPM CHLORINE.

45. CLEAN FLOORS & WALLS OF FACILITY IMMEDIATELY & ON A ROUTINE BASIS THEREAFTER TO PREVENT FOOD & GREASE ACCUMULATION.

FACILITY NEEDS TO INCREASE CLEANING TO MEET MINIMUM SANITATION - CONTINUING VIOLATION.

Received by (Print) Esmeralda Lopez

Title

Received by (Signature) E. Lopez

Specialist (Print) PAT SANDERS

Specialist (Signature) [Signature]

Re-inspection Date: