



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: 11/8/21

Facility Name: CHESTER CAGURO Phone Number 258-2717 PR ID # 105  
Facility Site Address: 225 MAIN City: CHESTER Zip 96020  
Permit #: 21-073 Exp Date: 4/1/22 Permit Holder: HARPER'S SWEET  
Type of Inspection: SPECIAL

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

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
<input checked="" type="checkbox"/>	16. Food obtained from approved source			
CORONAVIRUS GUIDANCE IMPLEMENTATION				
<input checked="" type="checkbox"/>	17. Takeout, Curbside Pickup, or Delivery Only			
<input checked="" type="checkbox"/>	18. Social Distancing Implemented			
<input checked="" type="checkbox"/>	19. Face Covering Used			
Highly Susceptible Populations				
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER				
<input checked="" type="checkbox"/>	21. Hot and cold water available			
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed			
VERMIN				
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals			

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

21. REPAIR HOT WATER SUPPLY TO ALL HAND WASH & PREP SINKS

Received by (Print)

J. CB

Title

M. GR

Email:

Specialist (Print)

PAT SANDERS

Specialist (Signature)

J. CB

Re-inspection Date: