



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: 12/1/22

Facility Name: <u>CHESTER VALERO</u>	Phone Number <u>258-3597</u>	PR ID # <u>1400</u>
Facility Site Address: <u>314 MAIN</u>	City: <u>CHESTER</u>	Zip: <u></u>
Permit #: <u>22-076</u>	Exp Date: <u>6/24/23</u>	Permit Holder: <u>MANPREET KALKON</u>
		Type of Inspection: <u>Review</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				
Food Safety Cert Name: <u>NON-PREP</u> Exp. Date				
<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				
<input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible				
<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				
<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		
35. Equipment/ Utensils approved; installed; clean; good repair, capacity		
36. Equipment, utensils and linens: storage and use		
37. Vending machines		
38. Adequate ventilation and lighting; designated areas, use		

OUT
39. Thermometers provided and accurate
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)

Title

Received by (Signature)

Specialist (Print)

PAT SANDERS

Specialist (Signature)

Re-inspection Date:

Facility Name: <u>CHESTER VALENO</u>	FAID #: <u>1400</u>	Pg <u>2</u> of <u>2</u> Date of Inspection: <u>12/1/22</u>
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OBSERVATIONS AND CORRECTIVE ACTIONS

6. PROVIDE SINGLE SERVICE SOAP & PAPER TOWELS @ ALL HOLLOW ASH SINKS.  
REPAIR 3-COMPARTMENT SINK'S HOT WATER SUPPLY

45. REMOVE ALL CLUTTER IN STORAGE AREA TO ALLOW EASY CLEANING

Received by (Print)

Title

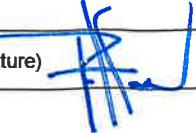
Received by (Signature)



Specialist (Print)

PAT SANDERS

Specialist (Signature)



Re-inspection Date: