



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: 12/6/22

|  |   |                                    |
|--|---|------------------------------------|
| Facility Name: <u>CHESTER ELLIS LOUIS # 2626</u>   | Phone Number <u>258-3557</u>                      | PR ID # <u>181</u>                 |
| Facility Site Address: <u>164 MAIN</u>             | City: <u>CHESTER</u>                              | Zip <u>96020</u>                   |
| Permit #: <u>22-906-NP</u> Exp Date: <u>3/1/23</u> | Permit Holder: <u>Lake Almanor Bks Louis 2626</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>  |         |     |     |     |  |
| X 1. Demonstration of knowledge; food safety certification   |         |     |     |     |  |
| Food Safety Cert Name: <u>LATHY WASSON</u> Exp. Date <u>4/23/24</u>  |         |     |     |     |  |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>  |         |     |     |     |  |
| X 2. Communicable disease; reporting, restrictions & exclusions  |         |     |     |     |  |
| X 3. No discharge from eyes, nose, and mouth   |         |     |     |     |  |
| X 4. Proper eating, tasting, drinking or tobacco use   |         |     |     |     |  |
| <b>PREVENTING CONTAMINATION BY HANDS</b>   |         |     |     |     |  |
| X 5. Hands clean and properly washed; gloves used properly   |         |     |     |     |  |
| X 6. Adequate handwashing facilities supplied & accessible   |         |     |     |     |  |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>  |         |     |     |     |  |
| X 7. Proper hot and cold holding temperatures  |         |     |     |     |  |
| X 8. Time as a public health control; procedures & records   |         |     |     |     |  |
| X 9. Proper cooling methods  |         |     |     |     |  |
| X 10. Proper cooking time & temperatures   |         |     |     |     |  |
| X 11. Proper reheating procedures for hot holding  |         |     |     |     |  |
| <b>PROTECTION FROM CONTAMINATION</b>   |         |     |     |     |  |
| X 12. Returned and re-service of food  |         |     |     |     |  |
| X 13. Food in good condition, safe and unadulterated   |         |     |     |     |  |
| X 14. Food contact surfaces: clean and sanitized   |         |     |     |     |  |
| <b>FOOD FROM APPROVED SOURCES</b>  |         |     |     |     |  |
| X 15. Food obtained from approved source   |         |     |     |     |  |
| X 16. Compliance with shell stock tags, condition, display   |         |     |     |     |  |
| X 17. Compliance with Gulf Oyster Regulations  |         |     |     |     |  |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b>  |         |     |     |     |  |
| X 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan                                    |         |     |     |     |  |
| <b>CONSUMER ADVISORY</b>   |         |     |     |     |  |
| X 19. Consumer advisory provided for raw or undercooked foods  |         |     |     |     |  |
| <b>Highly Susceptible Populations</b>  |         |     |     |     |  |
| X 20. Licensed health care facilities/ public & private schools; prohibited foods not offered                                  |         |     |     |     |  |
| <b>WATER/HOT WATER</b>   |         |     |     |     |  |
| X 21. Hot and cold water available   |         |     |     |     |  |
| Temp _____   |         |     |     |     |  |
| <b>LIQUID WASTE DISPOSAL</b>   |         |     |     |     |  |
| X 22. Sewage and wastewater properly disposed  |         |     |     |     |  |
| <b>VERMIN</b>  |         |     |     |     |  |
| X 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              |  |     |
| <b>PHYSICAL FACILITIES</b>  |  | OUT |
| 39. Thermometers provided and accurate                                    |  |     |
| 40. Wiping cloths: properly used and stored                               |  |     |
| <b>PERMANENT FOOD 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>SIGNS/ REQUIREMENTS</b>  |  |     |
| 45. Floor, walls and ceilings: built, maintained, and clean               |  |     |
| 46. No unapproved private homes/ living or sleeping quarters              |  |     |
| <b>COMPLIANCE &amp; ENFORCEMENT</b>                                       |  |     |
| 47. Signs posted; last inspection report available                        |  |     |
| 48. Plan Review   |  |     |
| 49. Permits Available   |  |     |
| 50. Impoundment   |  |     |
| 51. Permit Suspension   |  |     |

Received by (Print)

Kathy A. Wasson

Title

Kitchen Manager

Received by (Signature)

Specialist (Print)

PAT SANDERS

Specialist (Signature)

Re-inspection Date: