



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: 11/11/23

Facility Name: <u>DOLLAR GENERAL - CHESTER</u>	Phone Number <u>616-8951</u>	PR ID # <u>121</u>
Facility Site Address: <u>376 MAIN</u>	City: <u>CHESTER</u>	Zip <u>96020</u>
Permit #: <u>22-088</u>	Exp Date: <u>6/13/23</u>	Permit Holder: <u>DOLLAR GENERAL LLC</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					
Food Safety Cert Name: <u>Noo - Phusp</u>		Exp. Date			
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<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					
PREVENTING CONTAMINATION BY HANDS					
<input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly					
<input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible					
TIME AND TEMPERATURE RELATIONSHIPS					
<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					
PROTECTION FROM CONTAMINATION					
<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					
FOOD FROM APPROVED SOURCES					
<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					
CONFORMANCE WITH APPROVED PROCEDURES					
<input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan					
CONSUMER ADVISORY					
<input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods					
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		Temp _____			
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					

SUPERVISION		OUT			
24. Person in charge present and performs duties					
PERSONAL CLEANLINESS					
25. Personal cleanliness and hair restraints					
GENERAL FOOD SAFETY REQUIREMENTS					
26. Approved thawing methods used, frozen food					
27. Food separated and protected					
28. Washing fruits and vegetables					
29. Toxic substances properly identified, stored, used					
FOOD STORAGE/ DISPLAY/ SERVICE					
30. Food storage; food storage containers identified					
31. Consumer self-service					
32. Food properly labeled & honestly presented					
EQUIPMENT/ UTENSILS/ LINENS					
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					
PHYSICAL FACILITIES					
39. Thermometers provided and accurate					
40. Wiping cloths: properly used and stored					
PERMANENT FOOD 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					
SIGNS/ REQUIREMENTS					
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>Julie Richter</u>	Title
Received by (Signature)	<u>Julie Richter</u>	
Specialist (Print)	<u>Pat Sanders</u>	Specialist (Signature) <u>[Signature]</u>
		Re-inspection Date: