



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: 3/3/23

Facility Name: <u>Mi CASITA - CHESTER</u>	Phone Number <u>258-1879</u>	PR ID # <u>156</u>
Facility Site Address: <u>6860 MAIN</u>	City: <u>CHESTER</u>	Zip <u>96020</u>
Permit #: <u>23-123</u>	Exp Date: <u>2/1/24</u>	Permit Holder: <u>MARQUEZ - FLORES PART</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					
1. Demonstration of knowledge; food safety certification <input checked="" type="checkbox"/>					
Food Safety Cert Name: <u>Leonel Flores</u> Exp. Date <u>6/4/25</u>					
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
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 <input checked="" type="checkbox"/>					
PREVENTING CONTAMINATION BY HANDS					
5. Hands clean and properly washed; gloves used properly <input checked="" type="checkbox"/>					
6. Adequate handwashing facilities supplied & accessible <input checked="" type="checkbox"/>					
TIME AND TEMPERATURE RELATIONSHIPS					
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 <input checked="" type="checkbox"/>					
PROTECTION FROM CONTAMINATION					
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 <input checked="" type="checkbox"/>					
FOOD FROM APPROVED SOURCES					
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 <input checked="" type="checkbox"/>					
CONFORMANCE WITH APPROVED PROCEDURES					
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input checked="" type="checkbox"/>					
CONSUMER ADVISORY					
19. Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/>					
Highly Susceptible Populations					
20. Licensed health care facilities/ public & private schools; prohibited foods not offered <input checked="" type="checkbox"/>					
WATER/HOT WATER					
21. Hot and cold water available <input checked="" type="checkbox"/> Temp					
LIQUID WASTE DISPOSAL					
22. Sewage and wastewater properly disposed <input checked="" type="checkbox"/>					
VERMIN					
23. No rodents, insects, birds, or animals <input checked="" type="checkbox"/>					

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		
COMPLIANCE & ENFORCEMENT		
47. Signs posted; last inspection report available		
48. Plan Review		
49. Permits Available		
50. Impoundment		
51. Permit Suspension		

Received by (Print)	Title
Received by (Signature)	
Specialist (Print) <u>PAT SANDERS</u>	Specialist (Signature) <u>(Signature)</u>
Re-inspection Date:	

Facility Name: Mi CASITA - CHESTERFA ID # 15bPg 2 of 2Date of Inspection: 3/2/23

OBSERVATIONS AND CORRECTIVE ACTIONS

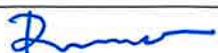
4.5. THE FACILITY CONTINUES TO STRUGGLE w/ SANITATION OF FLOORS
& WALLS. FACILITY SHOULD PERFORM DEEP CLEANING ON A
ROUTINE BASIS.

AREAS UNDER EQUIPMENT & HARD TO REACH AREAS NEED
SPECIAL ATTENTION DUE TO THE ACCUMULATION OF FUD DEGRES
WHICH MAY LEAD TO VECTOR PROBLEMS

Received by (Print)

Title

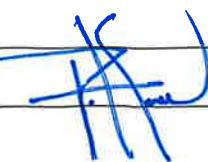
Received by (Signature)



Specialist (Print)

PAT SANDERS

Specialist (Signature)



Re-inspection Date: