



PLUMAS COUNTY
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ENVIRONMENTAL HEALTH DIVISION
FOOD SAFETY EVALUATION REPORT
270 County Hospital Rd., Ste 127 Quincy, CA 95971
Phone: (530) 283-6355 FAX (530) 283-6241

Date of Inspection: 10/24/23

Facility Name: <u>Pizza Factory - Chester</u>	Phone Number: <u>258-3155</u>	PR ID #: <u>228</u>
Facility Site Address: <u>197 MAIN</u>	City: <u>CHESTER</u>	Zip: <u>96020</u>
Permit #: <u>23-195</u>	Exp Date: <u>6/1/24</u>	Permit Holder: <u>MICHAEL KINCAID</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>LAURA KINCAID</u> Exp. Date: <u>4/29/25</u>					
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			<input checked="" type="checkbox"/>
TIME AND TEMPERATURE RELATIONSHIPS					
<input checked="" type="checkbox"/>		7. Proper hot and cold holding temperatures			
<input checked="" type="checkbox"/>	<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 <u>120°F</u>				
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		

In	N/O-N/A		COS	MAJ	OUT
SUPERVISION					
<input checked="" type="checkbox"/>		24. Person in charge present and performs duties			
PERSONAL CLEANLINESS					
<input checked="" type="checkbox"/>		25. Personal cleanliness and hair restraints			
GENERAL FOOD SAFETY REQUIREMENTS					
<input checked="" type="checkbox"/>		26. Approved thawing methods used, frozen food			
<input checked="" type="checkbox"/>		27. Food separated and protected			
<input checked="" type="checkbox"/>		28. Washing fruits and vegetables			
<input checked="" type="checkbox"/>		29. Toxic substances properly identified, stored, used			
FOOD STORAGE/ DISPLAY/ SERVICE					
<input checked="" type="checkbox"/>		30. Food storage; food storage containers identified			
<input checked="" type="checkbox"/>		31. Consumer self-service			
<input checked="" type="checkbox"/>		32. Food properly labeled & honestly presented			
EQUIPMENT/ UTENSILS/ LINENS					
<input checked="" type="checkbox"/>		33. Nonfood contact surfaces clean			
<input checked="" type="checkbox"/>		34. Warewashing facilities: installed, maintained, used; test strips			
<input checked="" type="checkbox"/>		35. Equipment/ Utensils approved; installed; clean; good repair, capacity			
<input checked="" type="checkbox"/>		36. Equipment, utensils and linens: storage and use			
<input checked="" type="checkbox"/>		37. Vending machines			
<input checked="" type="checkbox"/>		38. Adequate ventilation and lighting; designated areas, use			

OUT				
<input checked="" type="checkbox"/>		39. Thermometers provided and accurate		
<input checked="" type="checkbox"/>		40. Wiping cloths: properly used and stored		
PHYSICAL FACILITIES				
<input checked="" type="checkbox"/>		41. Plumbing: proper backflow devices		
<input checked="" type="checkbox"/>		42. Garbage and refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>		43. Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		44. Premises; personal/cleaning items; vermin-proofing		
PERMANENT FOOD FACILITIES				
<input checked="" type="checkbox"/>		45. Floor, walls and ceilings: built, maintained, and clean		
<input checked="" type="checkbox"/>		46. No unapproved private homes/ living or sleeping quarters		
SIGNS/ REQUIREMENTS				
<input checked="" type="checkbox"/>		47. Signs posted; last inspection report available		
COMPLIANCE & ENFORCEMENT				
<input checked="" type="checkbox"/>		48. Plan Review		
<input checked="" type="checkbox"/>		49. Permits Available		
<input checked="" type="checkbox"/>		50. Impoundment		
<input checked="" type="checkbox"/>		51. Permit Suspension		

Received by (Print)

Title

Received by (Signature)

Sandy Kalins

Specialist (Print)

PAT SANDERS

Specialist (Signature)

[Signature]

Re-inspection Date:

6. REPAIR HANDWASH SINK IN FRONT REAR AREA - SUPPLY w/ HOT & COLD RUNNING WATER
SINK SERVICE SOAP & PAPER TOWELS